

St. Bernard of Clairvaux Catholic Church

10755 North 124th Street, Scottsdale, Arizona 85259

Phone: 480-661-9843 e-mail: stbofclairvaux@diocesephoenix.org Fax: 480-614-8092

We welcome you, and thank you for becoming a part of our Community.

FAMILY REGISTRATION FORM

(PLEASE PRINT CLEARLY)

HEAD OF HOUSEHOLD:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

ADDRESS:

(STREET ADDRESS)

(MAIDEN NAME)

(CITY/STATE/ZIP CODE)

HOME PHONE:

[] LISTED NUMBER [] UNLISTED NUMBER

E-MAIL ADDRESS: _____

Occupation/Employee/Business Phone: _____

NAME OF SPOUSE:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME/MAIDEN NAME)

Occupation/Employee/Business Phone: _____

E-MAIL ADDRESS: _____

MARITAL STATUS: [] Single [] Married [] Widowed [] Separated [] Divorced

IF MARRIED: [] Catholic Wedding [] Civil Wedding [] Other Church Wedding

IF CATHOLIC WEDDING, NAME OF CHURCH: _____

LOCATION :

(CITY/STATE)

WEDDING DATE:

(MONTH/DATE/YEAR)

PREVIOUS CATHOLIC PARISH:

(NAME OF PARISH)

(CITY/STATE)

MAILING TITLE: [] Mr. & Mrs. [] Dr. & Mrs. [] Mr. [] Mrs. [] Ms.
[] Other (Please Specify): _____

WINTER VISITOR: [] Yes
[] No

TODAY'S DATE: _____

CONTINUED ON BACK PAGE

OTHER PERSONAL DATA: For items requiring dates, please provide MONTH/DATE/YEAR, if possible.

| | RELIGION | SEX | DATE OF BIRTH | BAPTISM | | FIRST COMMUNION | CONFIRMATION |
|---------------------------|----------|-----|---------------|---------|----------------|-----------------|--------------|
| | | | | DATE | NAME OF CHURCH | | |
| HEAD OF HOUSE-HOLD | | | | | | YES NO | YES NO |
| SPOUSE | | | | | | YES NO | YES NO |

CHILDREN (Living at Home):

| NAME First and Last (if different) | RELIGION | SEX | DATE OF BIRTH | BAPTISM | | FIRST COMMUNION | CONFIRMATION | SCHOOL AND GRADE LEVEL |
|--|----------|-----|---------------|---------|----------------|-----------------|--------------|------------------------|
| | | | | DATE | NAME OF CHURCH | | | |
| | | | | | | YES NO | YES NO | |
| | | | | | | YES NO | YES NO | |
| | | | | | | YES NO | YES NO | |
| | | | | | | YES NO | YES NO | |
| | | | | | | YES NO | YES NO | |
| | | | | | | YES NO | YES NO | |
| | | | | | | YES NO | YES NO | |

SPECIAL NEEDS OR CONCERNS: