

St Bernard Church: Parishioner Registration Form

275 Tower Hill Road
North Kingstown, RI 02852
295-0387 www.stbernardnk.org

Family Name: _____

Mailing Name: (Mr. & Mrs., Ms.) _____

Address: _____

City _____

Home Phone: _____

State: _____ Zip: _____

Check One: On-Line Giving: _____
(www.stbernardnk.org/support-your-parish)

Budget Envelopes: _____

Male Head of Household

First Name: _____

Birth Date: _____

Cell Phone: _____

Email Address: _____

Occupation: _____ Employer: _____ Work Phone: _____

Sacramental Information

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		
Marriage Status (S-M-D): _____		

Married by Catholic Priest (Y/N): _____

Female Head of Household

First Name: _____

Birth Date: _____

Last Name: _____

Maiden Name: _____

Cell Phone: _____

Email Address: _____

Occupation: _____ Employer: _____ Work Phone: _____

Sacramental Information

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		
Marriage Status (S-M-D): _____		

Married by Catholic Priest (Y/N): _____

Family Member Information – Children (Under 18 Years of Age)

Role (Son, Daughter): _____

First Name: _____ Last Name: _____

Birth Date: _____ School: _____ Grade: _____

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		

Role (Son, Daughter): _____

First Name: _____ Last Name: _____

Birth Date: _____ School: _____ Grade: _____

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		

Role (Son, Daughter): _____

First Name: _____ Last Name: _____

Birth Date: _____ School: _____ Grade: _____

	Date (if known)	Church
Baptism		
Reconciliation		
First Eucharist		
Confirmation		

Are there any members of your household that would like to be contacted by the parish priest? (Y): _____

Talents or Expertise you may wish to use in service to the Parish:

Please indicate if there are any special needs your family has and how the Parish can be of assistance:

Office Use: Date: _____ Parish Soft: _____ OSV: _____ Letter: _____