

# New Parishioner Registration Form

St. Bridget Catholic Church

600 Clifford Avenue

Loves Park, IL 61111

Please **PRINT** all answers clearly

Parishioner # \_\_\_\_\_

Family (Last) Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Name & Middle Initial: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Spouse First Name & MI: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Spouse Last Name (if different): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Marital Status: Single  Married  Date: \_\_\_\_\_ Divorced  Annulment  Widowed

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Publish contact info: Printed Directory Yes  No  Online Yes  No

Previous Parish of Registration: \_\_\_\_\_ City/State: \_\_\_\_\_

<b>Personal Info</b>	Registrant: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>	Spouse: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>
Date of Birth	mm/dd/yyyy	mm/dd/yyyy
Religion	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" list denomination: _____	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" list denomination: _____
Sacraments Received	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> Marriage witnessed by Catholic Priest or Deacon? Yes <input type="checkbox"/> No <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> Marriage witnessed by Catholic Priest or Deacon? Yes <input type="checkbox"/> No <input type="checkbox"/>
Secondary Language		
Cell #	Primary <input type="checkbox"/> Publish <input type="checkbox"/>	Primary <input type="checkbox"/> Publish <input type="checkbox"/>
Email	Primary <input type="checkbox"/> Publish <input type="checkbox"/>	Primary <input type="checkbox"/> Publish <input type="checkbox"/>
Occupation		
Employer Name		
Work Phone		

## DEPENDENT INFORMATION (LIVING AT HOME)

\*If registering after June 1, please indicate grade level entering in the Fall.

Name, MI (last if different)	Nickname	Date of Birth	M/F	Grade* School Name	Baptized (year)	Communion (year)	Confirmation (year)

Please note any special needs: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you wish to subscribe to the Diocesan newspaper The Observer? Yes  No

Envelopes: Yes  No  Online Giving: Yes  No  Specials Only Envelopes: Yes  No  (Holy Days & other misc envelopes)