

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: _____

Personal Info	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)