



St Bernard Catholic Community
7500 Tangelo Dr. Louisville, KY 40228
Parish Registration/Census

Today's Date: ___/___/___

FAMILY NAME: _____ Family Home Phone: _____
(Ex: Smith or Smith/Jones) *(Inserted in parish phone book)*

Address: _____ City/State: _____ Zip: _____

We prefer: ___ Envelopes ___ Online Giving (stbernardlou.weshareonline.org)

Head of Household

Name: _____
Last First Middle Maiden Name preferred for parish mailings

Date of Birth: ___/___/___ ___ Male ___ Female Physically Impaired? ___ Yes ___ No

Cell Phone: _____ Email Address: _____@_____

Religion: ___ Roman Catholic ___ Other: (Please Specify) _____

Catholic Sacraments *(Please check)*: ___ Baptized ___ First Communion ___ Confirmation
___ First Reconciliation ___ Marriage witnessed by Catholic Priest

Marital Status: ___ Married ___ Single ___ Widowed ___ Separated ___ Divorced

If married, Church/Place married: _____ Year Married: _____

Occupation: _____ Employer: _____ Work Phone: _____

Emergency Contact: _____
Name Phone

Second ADULT in Household *(if more than one other adult, please add separate page)*

Name: _____
Last First Middle Maiden Name preferred for parish mailings

Relationship to Head of Household: _____

Date of Birth: ___/___/___ ___ Male ___ Female Physically Impaired? ___ Yes ___ No

Cell Phone: _____ Email Address: _____@_____

Religion: ___ Roman Catholic ___ Other: (Please Specify) _____

Catholic Sacraments: *(Please check)* ___ Baptized ___ First Communion ___ Confirmation
___ First Reconciliation ___ Marriage witnessed by Catholic Priest

Marital Status: ___ Married ___ Single ___ Widowed ___ Separated ___ Divorced

If married, Church/Place married: _____ Year Married: _____

Occupation: _____ Employer: _____ Work Phone: _____

Other information we need to know: _____

St Bernard Catholic Community

OLDEST CHILD

Name: _____
Last First Middle

Birth Date: ____/____/____ ____ Male ____ Female

Religion: ____ Roman Catholic ____ Other: *(Please Specify)* _____

Catholic Sacraments: *Approximate Year*

Baptized: ____ Yes ____ No Date: _____ Church of Baptism: _____

First Reconciliation: ____ Yes ____ No Date: _____ Church: _____

First Eucharist: ____ Yes ____ No Date: _____ Church: _____

Confirmation: ____ Yes ____ No Date: _____ Church: _____

School Attending: _____ Current Grade: _____

Special Needs: _____

CHILD

Name: _____
Last First Middle

Birth Date: ____/____/____ ____ Male ____ Female

Religion: ____ Roman Catholic ____ Other: *(Please Specify)* _____

Catholic Sacraments: *Approximate Year*

Baptized: ____ Yes ____ No Date: _____ Church of Baptism: _____

First Reconciliation: ____ Yes ____ No Date: _____ Church: _____

First Eucharist: ____ Yes ____ No Date: _____ Church: _____

Confirmation: ____ Yes ____ No Date: _____ Church: _____

School Attending: _____ Current Grade: _____

Special Needs: _____

CHILD *(If there are more children please use separate page)*

Name: _____
Last First Middle

Birth Date: ____/____/____ ____ Male ____ Female

Religion: ____ Roman Catholic ____ Other: *(Please Specify)* _____

Catholic Sacraments: *Approximate Year*

Baptized: ____ Yes ____ No Date: _____ Church of Baptism: _____

First Reconciliation: ____ Yes ____ No Date: _____ Church: _____

First Eucharist: ____ Yes ____ No Date: _____ Church: _____

Confirmation: ____ Yes ____ No Date: _____ Church: _____

School Attending: _____ Current Grade: _____

Special Needs: _____