

"Now you together are Christ's body; but each of you is a different part of it." 1 Cor. 12:27

ST. BERNADETTE PARISH

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PARISH OFFICE USE ONLY

Family #/Envelope #	
Registration Date	
Entered in Computer	

Please PRINT clearly. All information is **strictly confidential**.

Family Last Name: _____

Phone Unlisted: Yes No

Address: _____

Email Address(es): _____

City/State/Zip: _____

List Medical Emergency Contact below:

Home Phone: _____

Name _____ Relationship _____

Cellular Phone(s): _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Please list all members of your household, listing adults first; please include maiden names where applicable.

FIRST NAME	MIDDLE NAME	NAME YOU GO BY	M/F	DATE OF BIRTH (MM/DD/YY)	MARITAL STATUS *	DATE/TYPE OF MARRIAGE (MW) WITHIN OR (MO) OUTSIDE CATHOLIC FAITH	RELIGION	APPROXIMATE DATES OF SACRAMENTS	OCCUPATION	SCHOOL ATTENDING	PRESENT GRADE
Include maiden name and last name, if different						Ex: 8/28/94 / MW		Baptism Confirmation			

* M = Married, S = Single, W = Widowed, D = Divorced