

1214 Moylan Rd
Panama City Beach, FL 32407

Welcome to St Bernadette Parish

http://www.stbernadette.com
stbernadette@knology.net

Office
850-234-3266

Registration Form

ID # _____ New: _____ Update: _____ **Family Information** Visitor: _____ Remove (Relocating): _____
Home Bound _____ / Nursing Home _____ Name of Nursing Home _____

Family Last Name _____

Street Address: _____

City/State: _____ Zip Code: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Unlisted? Yes No

Family Email: _____

Today's Date: _____

Marital Status

- Married in Catholic Church
 Married in Other Church
 Married in Civil Ceremony
 Single
 Divorced
 Widowed
 Married
 Unknown

- I/We would like to receive offertory envelopes. Yes No
- I/We realize that St Bernadette Parish may publish a Directory.
- I/We give permission that my/our Contact Information** may be published in the directory Yes No (If NO, please contact the church office)

**Contact Information may include address, phone, email, and children

Individual Information

Head of Household #1

Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____

First Name: _____

Middle Name: _____ Maiden: _____

Last Name: _____

Informal or Nickname: _____

Suffix (circle one): Jr. Sr. III IV Other: _____

Email Address: _____

Cell Phone: _____

Religion: _____

Occupation: _____

Employer: _____

Work Phone: _____

Date of Birth: _____ Gender: Male Female

Ethnic Type: _____

Primary Language: _____ 2nd: _____

Sacrament Received

Baptism: _____

Communion: _____

Confirmation: _____

Marriage: _____

Reconciliation: _____

Would like to receive information to complete Sacraments?: Yes No

Are you interested in RCIA? Yes No

Head of Household #2

Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____

First Name: _____

Middle Name: _____ Maiden: _____

Last Name: _____

Informal or Nickname: _____

Suffix (circle one): Jr. Sr. III IV Other: _____

Email Address: _____

Cell Phone: _____

Religion: _____

Occupation: _____

Employer: _____

Work Phone: _____

Date of Birth: _____ Gender: Male Female

Ethnic Type: _____

Primary Language: _____ 2nd: _____

Sacrament Received

Baptism: _____

Communion: _____

Confirmation: _____

Marriage: _____

Reconciliation: _____

Would like to receive information to complete Sacraments?: Yes No

Are you interested in RCIA? Yes No

List minor children and other household members on next page

CONFIDENTIAL - For Church Use Only

Minor Children (under the age of 18)

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

Adults (18 and over) who live with you

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: Male Female
 Sacrament: Please note in the box above.
 Relationship to you: _____
 Is this person homebound or invalid? Yes No
 If yes, would they like to receive
 communion at home? Yes No

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: Male Female
 Sacrament: Please note in the box above.
 Relationship to you: _____
 Is this person homebound or invalid? Yes No
 If yes, would they like to receive
 communion at home? Yes No

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: Male Female
 Sacrament: Please note in the box above.
 Relationship to you: _____
 Is this person homebound or invalid? Yes No
 If yes, would they like to receive
 communion at home? Yes No