Saint Bernard Church 207 North Cass St. Wabash, Indiana 46992
260-563-4750 stbernard@cinergymetro.net

PARISH REGISTRATION FORM – WELCOME!

Registration Date: _____

Last Name: _____ Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone(s) #: _____ Email(s): _____
(√ if unlisted) _____ _____

If married, maiden name: _____

Marital Status: (check ones that apply)
_____Single _____Separated
_____Married _____Divorced
_____Widowed

FAMILY DATA:

Names (first & middle)	Sex M/F	Birthday M/D/Y	Baptized Yes/No	Comm. Yes/No	Confirm. Yes/No	Employer or School	Position/Title School Grade
Head of Household							
Spouse							
Children + last name if different							

Moving into St. Bernard Church from: _____ Parish City/State: _____

School age children will enroll in St. Bernard School or enroll in Religious Education/Sunday School? _____