

# St. Bernard of Clairvaux Roman Catholic Church

## New Member Registration

Office Use Only

Env # \_\_\_\_\_

Online Donor \_\_\_\_\_

Date entered \_\_\_\_\_

**Please Print**

**Date:** \_\_\_\_\_

**Family Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** TX **Zip:** \_\_\_\_\_

May we publish your information in the parish directory?

Please mark the appropriate box yes no

*If no box is marked it will be considered "yes"*

**School parent's initial** \_\_\_\_\_: If you have students registered at Bernard Catholic School you will be required to contribute \$1,000 by the end of December of the **prior calendar year** to be considered an active member. (This amount may change year to year). If you need a letter for the school, email your request to [jhormillosa@sbdallas.org](mailto:jhormillosa@sbdallas.org)

**Marital Status:**

Single: \_\_\_ Catholic Marriage \_\_\_ Civil Marriage \_\_\_ Separated \_\_\_ Divorced \_\_\_

Widow \_\_\_ Living Together \_\_\_

**His name:** \_\_\_\_\_ **His Last Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **Language Spoken:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**His cell #:** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Ethnic/Race:** White/Caucasian \_\_\_ African-American \_\_\_ Hispanic/Latino \_\_\_

Asian \_\_\_ Other \_\_\_\_\_

**Her Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Religion:** \_\_\_\_\_ **Language Spoken:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Her cell #** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Ethnic/Race:** White/Caucasian \_\_\_ African-American \_\_\_ Hispanic/Latino \_\_\_

Asian \_\_\_ Other \_\_\_\_\_

**List all children in the back of this form**

1404 Old Gate Ln. ♦ Dallas TX 75218 ♦ 214-321-0454 ♦ [stbernard@sbdallas.org](mailto:stbernard@sbdallas.org)

**List below all children living at home:**

Male  Female  Son  Daughter

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Religion: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

School Grade: \_\_\_\_\_

Ethnicity /Race: White/Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian \_\_\_\_\_

Other \_\_\_\_\_

\*\*\*\*\*

Male  Female  Son  Daughter

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Religion: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

School Grade: \_\_\_\_\_

Ethnicity /Race: White/Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian \_\_\_\_\_

Other \_\_\_\_\_

\*\*\*\*\*

Male  Female  Son  Daughter

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Religion: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ School Grade: \_\_\_\_\_

Ethnicity /Race: White/Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian \_\_\_\_\_

Other \_\_\_\_\_

\*\*\*\*\*

Male  Female  Son  Daughter

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Religion: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

School Grade: \_\_\_\_\_

Ethnicity/Race: White/Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Asian \_\_\_\_\_

Other \_\_\_\_\_

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List below all other persons living with you (relationship to the head of household)

Name	Relationship to Head of Household	Date of Birth

**A letter will be provided as an active member within six months of becoming a member of our parish**

**WELCOME TO OUR FAITH COMMUNITY!**