

St. Bernard of Clairvaux Roman Catholic Church

Parish Member Update Form

Office Use Only

Env # _____

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

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 # _____

Ethnicity /Race:

White/Caucasian ____ African-American ____ Hispanic/Latino ____ Asian ____

Other _____

Her Name: _____ **Maiden Name:** _____

Birth date: _____ Religion: _____ Language Spoken: _____

Occupation: _____ Email _____

Her cell # _____ Home # _____ Work # _____

Ethnicity/Race:

White/Caucasian ____ African-American ____ Hispanic/Latino ____ Asian ____

Other _____

List all children on the back of this form

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 _____

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

Name	Relationship to Head of Household	Date of Birth