

St. Bernard of Clairvaux Roman Catholic Church

New Member Registration

Please Print

Office Use Only

Env # _____

Date entered _____

Date: _____

Family Last Name: _____

Address: _____ City: _____ State: **TX** Zip: _____

Do you approve for your information to be published 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 \$1000 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 are needing a letter for the school it must be requested in writing by emailing sburgess@sbchurchdallas.com

Marital Status:

Single: _____ Catholic Marriage _____ Civil Marriage _____

Separated _____ Divorced _____ Widow _____ Living Together _____

Head of Household

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 _____

(If Applicable)

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 _____

1404 Old Gate Ln Dallas TX 75218
214-321-0454 (fax) 214-320-0119
stbernard@sbchurchdallas.com

List below all children living at home:

Male Female

Name: _____ **Last Name:** _____

Birth date: _____ **Religion:** _____ **Language Spoken:** _____

School Grade: _____

Ethnic/Race:

White/Caucasian _____ African-American _____ Hispanic/Latino _____ Asian _____ Other _____

Male Female

Name: _____ **Last Name:** _____

Birth date: _____ **Religion:** _____ **Language Spoken:** _____

School Grade: _____

Ethnic/Race:

White/Caucasian _____ African-American _____ Hispanic/Latino _____ Asian _____ Other _____

Male Female

Name: _____ **Last Name:** _____

Birth date: _____ **Religion:** _____ **Language Spoken:** _____

School Grade: _____

Ethnic/Race:

White/Caucasian _____ African-American _____ Hispanic/Latino _____ Asian _____ Other _____

Male Female

Name: _____ **Last Name:** _____

Birth date: _____ **Religion:** _____ **Language Spoken:** _____

School Grade: _____

Ethnic/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** **Birth date**

Name	Relationship to head of household	Birth date

WELCOME TO OUR FAITH COMMUNITY!