



**New Parishioner Registration Form**  
**St. Bridget Catholic Church**  
**600 Clifford Avenue**  
**Loves Park, IL 61111**

Office Use	
Parishioner #	
PDS	
OSV	
FN	
Bulletin	
Msgr	

Family (Last) Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Spouse First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Spouse Last Name (if different): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Marital Status: Single  Married  (Marriage Date: \_\_\_\_\_) Divorced  Annulment  Widowed

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Envelopes: Yes  **OR** Online Giving: Yes  Publish Contact Info in Printed Directory: Yes  No  Online: Yes  No

Family Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Personal Info</b>	<b>Registrant:</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>	<b>Spouse:</b> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>
Date of Birth	mm/dd/yyyy	mm/dd/yyyy
Religion	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" list denomination: _____	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No" list denomination: _____
Sacraments Received	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> Marriage witnessed by Catholic Priest or Deacon? Yes <input type="checkbox"/> No <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> Marriage witnessed by Catholic Priest or Deacon? Yes <input type="checkbox"/> No <input type="checkbox"/>
Secondary Language		
Home Phone #	Primary <input type="checkbox"/> Unlisted <input type="checkbox"/>	
Cell #	Primary <input type="checkbox"/> Unlisted <input type="checkbox"/>	Primary <input type="checkbox"/> Unlisted <input type="checkbox"/>
Email	Primary <input type="checkbox"/> Unlisted <input type="checkbox"/>	Primary <input type="checkbox"/> Unlisted <input type="checkbox"/>
Occupation		
Employer Name		
Work Phone		

**DEPENDENT INFORMATION (LIVING AT HOME)**

\*If registering after June 1, please indicate grade level entering in the Fall.

Name, MI (last if different)	Nickname	Date of Birth	M/F	Grade* School Name	Baptized (year)	Communion (year)	Confirmation (year)

Please note any special needs per individual: \_\_\_\_\_

Would you like to receive parish communication through Flocknote?

Yes  No  If yes, indicate preferred method Text # \_\_\_\_\_ Email: \_\_\_\_\_

Text # \_\_\_\_\_ Email: \_\_\_\_\_