



New Parishioner Registration Form
St. Bridget Catholic Church
600 Clifford Avenue
Loves Park, IL 61111
 Please **PRINT** all answers clearly

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: _____

Personal Info	Registrant: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/>	Spouse: 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: _____