

1214 Moylan Rd
Panama City Beach, FL 32407

Welcome to St Bernadette Parish
<http://stbernadette-panamacity.parishesonline.com>
StBernadette@knology.net

Office
850-234-3266

Registration Form

ID # _____ New: _____ Update: _____ **Family Information** Visitor: _____ Remove (Relocating): _____
Home Bound _____ / Nursing Home _____ Name of Nursing Home _____

Family Last Name _____

Street Address: _____
City/State: _____ Zip Code: _____
Mailing Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____ Unlisted? Yes No
Family Email: _____
Today's Date: _____

- I/We would like to receive offertory envelopes. Yes No
- I/We realize that St Bernadette Parish publishes an annual Directory.
I/We give permission that our family information may be published
in the directory Yes No (If NO, only name may be published)

Marital Status

____ Married in Catholic Church
____ Married in Other Church
____ Married in Civil Ceremony
____ Single
____ Divorced
____ Widowed
____ Married
____ Unknown

Individual Information

Head of Household #1

Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____
First Name: _____
Middle Name: _____ Maiden: _____
Last Name: _____
Informal or Nickname: _____
Suffix (circle one): Jr. Sr. III IV Other: _____
Email Address: _____
Cell Phone: _____
Religion: _____
Occupation: _____
Employer: _____
Work Phone: _____
Date of Birth: _____ Gender: Male Female
Ethnic Type: _____
Primary Language: _____ 2nd: _____

Sacrament Received

Baptism: _____
Communion: _____
Confirmation: _____
Marriage: _____
Reconciliation: _____

Would like to receive information to complete Sacraments?: Yes No
Are you interested in RCIA? Yes No

Head of Household #2

Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: _____
First Name: _____
Middle Name: _____ Maiden: _____
Last Name: _____
Informal or Nickname: _____
Suffix (circle one): Jr. Sr. III IV Other: _____
Email Address: _____
Cell Phone: _____
Religion: _____
Occupation: _____
Employer: _____
Work Phone: _____
Date of Birth: _____ Gender: Male Female
Ethnic Type: _____
Primary Language: _____ 2nd: _____

Sacrament Received

Baptism: _____
Communion: _____
Confirmation: _____
Marriage: _____
Reconciliation: _____

Would like to receive information to complete Sacraments?: Yes No
Are you interested in RCIA? Yes No

List minor children and other household members on next page

Minor Children (under the age of 18)

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: M F Grade: _____ as of Fall: _____

Sacrament Received
 (Yes or No; If *YES* include Date, Location, City & State)

Baptism _____

 Communion _____

 Confirmation _____

 Reconciliation _____

Adults (18 and over) who live with you

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: Male Female
 Sacrament: Please note in the box above.
 Relationship to you: _____
 Is this person homebound or invalid? Yes No
 If yes, would they like to receive
 communion at home? Yes No

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: Male Female
 Sacrament: Please note in the box above.
 Relationship to you: _____
 Is this person homebound or invalid? Yes No
 If yes, would they like to receive
 communion at home? Yes No

First: _____
 Middle: _____
 Last: _____
 Informal or Nickname: _____
 Religion: _____
 Date of Birth: _____
 Gender: Male Female
 Sacrament: Please note in the box above.
 Relationship to you: _____
 Is this person homebound or invalid? Yes No
 If yes, would they like to receive
 communion at home? Yes No