

PARISH REGISTRATION FORM

ST. ROBERT BELLARMINE PARISH

4313 SW STATE ROUTE 7, BLUE SPRINGS, MO 64014

FAMILY MAILING INFORMATION: (For mailing purposes only)

LAST NAME _____ **FIRST** _____

Title: (Circle) Mr. & Mrs. Miss Ms. Mr. only Mrs. Only Other _____

Street Address _____ City _____ State _____ Zip _____

Phone# (____) _____ Unlisted? ____ Cell Phone# _____ E-Mail Address: _____

Mo/Yr Moved to Parish ____/____

PLEASE PRINT OR CIRCLE THE INFORMATION REQUESTED. PLEASE LIST INFORMATION FOR EACH FAMILY MEMBER. BE SURE TO FILL IN ALL INFORMATION AND BOTH SIDES OF THE FORM.

Marital Status: Married by a Priest Yes ____ No ____ Marriage Date: ____/____/____
Separated ____ Divorced ____ Widowed ____ Single ____

INDIVIDUAL ADULT INFORMATION: S.S.# _____

Title: (Circle one) Mr. Mrs. Ms. Miss Other ____ First Name _____ MI ____
Maiden Name _____

Sex: (Circle one) M F

Religion: (Circle one) Active Catholic Inactive Catholic Other None

(Indicate AY@ for yes, AN@ for no)

Baptized _____ Confirmed _____ 1st Communion _____ Penance _____

Birth Month/Day/Year ____/____/____ Occupation _____

Place of Employment _____ Work Phone _____

INDIVIDUAL ADULT INFORMATION: S.S.# _____

Title: (Circle one) Mr. Mrs. Ms. Miss Other ____ First Name _____ MI ____
Maiden Name _____

Sex: (Circle one) M F

Religion: (Circle one) Active Catholic Inactive Catholic Other None

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Baptized _____ Confirmed _____ 1st Communion _____ Penance _____

Birth Month/Day/Year ____/____/____ Occupation _____

Place of Employment _____ Work Phone _____

CHILDREN UNDER AGE 18: (IF NOT CATHOLIC, PLEASE INDICATE)

(For sacraments indicate AY@ for yes, AN@ for no)

Please give first and last name, if different than name above

NAME	CATHOLIC (YES/NO)	SEX (M/F)	BIRTH (M/D/Y)	BAP- (M/D/Y)	CON- TISM	EUCH- FIRM	PEN- ARIST	ENROLLED ANCE	GRADE IN PSR	IN SCHOOL
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SCHOOL DISTRICT, IF NOT BLUE SPRINGS _____

INDIVIDUALS OVER THE AGE OF 18 LIVING IN THE HOME:

NAME	SEX (M/F)	BIRTH (M/D/Y)	BAP- (M/D/Y)	CON- TISM	EUCH- FIRM	PEN- ARIST	RELIGION ANCE	CATHOLIC (Y/N)
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SHUT-INS:

Please list name(s) of any shut-ins in your home. Please note if you would like Communion brought to this person.

I AM INTERESTED IN SERVING IN THE FOLLOWING AREAS (Please put name on line)

Music Minister _____	PSR/MSR Catechists _____	Grade _____
Altar Server _____	Men=s Ministry _____	
Greeter/Usher _____	RCIA Sponsor _____	
Reader at Mass _____	Adult Ed Facilitator _____	
Youth Ministry _____	Women=s Ministry _____	

FOR OFFICE USE ONLY: Envelope# _____ Date received _____

