

**ST BEDE CATHOLIC CHURCH  
PARISH REGISTRATION**

For Parish Use Only: ENV #

The information you provide on this census will be used exclusively within the Church.

Please PRINT your responses.

Registration Date: \_\_\_\_\_

Mailing Name:

Do you wish to receive envelopes?  yes  no

Mr/Mrs  \_\_\_\_\_

Mr.  Mrs.  Dr.

LAST SUFFIX (JR, ETC.) FIRST MI

Mailing Address if different from residence: \_\_\_\_\_

Residence: \_\_\_\_\_  
STREET ADDRESS CITY / STATE / ZIP SUBDIVISION

Home Phone: \_\_\_\_\_  Unlisted May we publish your number within the Parish?  yes  no

Email Address: \_\_\_\_\_ Do you prefer contact by email?  yes  no

Are there any special circumstances or information of which the parish should be aware? \_\_\_\_\_

Head  
 Mr.  Mrs.  Dr. \_\_\_\_\_  
LAST SUFFIX (JR, ETC.) FIRST MI NICKNAME

Grade/  
Degree: \_\_\_\_\_ Gender:  Male  Female Status:  Single  Married Catholic  Married Other  Widowed  Divorced

Date of Birth: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Race:  African American  Asian  Caucasian  Hispanic  Native American Other \_\_\_\_\_

Religion:  Catholic  Other Religion \_\_\_\_\_  No Religion

Handicap:  Hearing Impaired  Physically Disabled Other: \_\_\_\_\_

Occupation: (CURRENT / PREVIOUS) \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_  work  cell Phone #: \_\_\_\_\_  work  cell

Please check sacraments received:  Baptism  1st Communion  Confirmation  Marriage  1st Penance

Spouse:  
 Mr.  Mrs.  Dr. \_\_\_\_\_  
LAST SUFFIX (JR, ETC.) FIRST MI NICKNAME

Grade/  
Degree: \_\_\_\_\_ Gender:  Male  Female Status:  Single  Married Catholic  Married Other  Widowed  Divorced

Date of Birth: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Race:  African American  Asian  Caucasian  Hispanic  Native American Other \_\_\_\_\_

Religion:  Catholic  Other Religion \_\_\_\_\_  No Religion

Handicap:  Hearing Impaired  Physically Disabled Other: \_\_\_\_\_

Occupation: (CURRENT / PREVIOUS) \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_  work  cell Phone #: \_\_\_\_\_  work  cell

Please check sacraments received:  Baptism  1st Communion  Confirmation  Marriage  1st Penance

**Other Member:**

Adult  Child (under 18)      LAST      SUFFIX (JR, ETC.)      FIRST      MI      NICKNAME

Grade/

Degree: \_\_\_\_\_ Gender:  Male  Female      Status:  Single  Married Catholic  Married Other  Widowed  Divorced

Date of Birth: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Race:  African American  Asian  Caucasian  Hispanic  Native American      Other \_\_\_\_\_

Religion:  Catholic  Other Religion \_\_\_\_\_  No Religion

Handicap:  Hearing Impaired  Physically Disabled      Other: \_\_\_\_\_

Occupation: (CURRENT / PREVIOUS) \_\_\_\_\_ Employer/School: \_\_\_\_\_

Phone #: \_\_\_\_\_  work  cell      Phone #: \_\_\_\_\_  work  cell

Please check sacraments received:       Baptism  1st Communion  Confirmation  Marriage  1st Penance

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**Other Member:**

Adult  Child (under 18)      LAST      SUFFIX (JR, ETC.)      FIRST      MI      NICKNAME

Grade/

Degree: \_\_\_\_\_ Gender:  Male  Female      Status:  Single  Married Catholic  Married Other  Widowed  Divorced

Date of Birth: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Race:  African American  Asian  Caucasian  Hispanic  Native American      Other \_\_\_\_\_

Religion:  Catholic  Other Religion \_\_\_\_\_  No Religion

Handicap:  Hearing Impaired  Physically Disabled      Other: \_\_\_\_\_

Occupation: (CURRENT / PREVIOUS) \_\_\_\_\_ Employer/School: \_\_\_\_\_

Phone #: \_\_\_\_\_  work  cell      Phone #: \_\_\_\_\_  work  cell

Please check sacraments received:       Baptism  1st Communion  Confirmation  Marriage  1st Penance

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Grade/

Degree: \_\_\_\_\_ Gender:  Male  Female      Status:  Single  Married Catholic  Married Other  Widowed  Divorced

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Race:  African American  Asian  Caucasian  Hispanic  Native American      Other \_\_\_\_\_

Religion:  Catholic  Other Religion \_\_\_\_\_  No Religion

Handicap:  Hearing Impaired  Physically Disabled      Other: \_\_\_\_\_

Occupation: (CURRENT / PREVIOUS) \_\_\_\_\_ Employer/School: \_\_\_\_\_

Phone #: \_\_\_\_\_  work  cell      Phone #: \_\_\_\_\_  work  cell

Please check sacraments received:       Baptism  1st Communion  Confirmation  Marriage  1st Penance

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Please add additional household members on another registration form.