

ST. ROBERT BELLARMINE CHURCH (382) - Membership Information

DATE: _____

	Head of Household	Spouse
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Full Name		
Preferred Name		
Complete Address		
Birth Date		
Baptized	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Communion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Marital Status:	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>	
Home Phone		
Cell Phone		
Work Phone		
E-Mail		
Occupation		
Employer		
Religion		

STRB (382) - Membership Information (Continued)

Do you want to receive the St. Louis Review? Yes No

Do you want to receive Envelopes? Yes No Prefer online giving? Yes No

Name of previous parish _____

Children who live in your household

First Name	Last Name	Male / Female	Birth Date	Baptized
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parishioner Notes _____

Office Use Only: _____

Date Packet Sent/Given: _____

Member Status: _____

Envelope #: _____

Moved: _____

Deceased: _____