## **Parish Registration**



901 East 90th Street, Bloomington, MN 55420 | 952-854-4733 | office@saintbonaventure.org Welcome to our community! Thank you for completing both sides of the form.

Please print clearly.

**Your Information** 

**Significant Other Information** 

Last Name:	First Name:	Last Name:	First Name:		
Street Address:		Street Address:			
City, State, Zip:		City, State, Zip:			
Cell Phone:	Home Phone:	Cell Phone:	Home Phone:		
Occupation:		Occupation:			
Email:		Email:			
Birth Date:	Religion:	Birth Date:	Religion:		
Baptism: Yes No	Religion:	Baptism: Yes No	Religion:		
First Communion: Yes No	Religion:	First Communion: Yes No	Religion:		
Confirmation: Yes No	Religion:	Confirmation: Yes No	Religion:		
Marriage I	nformation				
Marital Status: Single	Married Widowed	**Please continue filling out the back of this form			
Engaged	Separated Divorced				
Marriage Date:			OFFICE USE ONLY		
Name of Church:		Joined S	Joined Saint Bonaventure:		
City & State of Marriage:		Envelop	Envelope Number:		

Family Name:	What would you like to know more about at Saint Bonaventure?
What are you looking for in a parish?	
What activities did you most enjoy at your previous parish?	

## Children Living at Home

Beginning with the Oldest

First Name	Last Name	Religion	Sex	Date of Birth (Month/Day/Year)	Baptized? (Yes or No) Date & Place	Eucharist as Catholic? (Yes or No)	Confirmed as Catholic? (Yes or No)	Grade	School