

ST. BONAVENTURE REGISTRATION FORM

In order to help us serve you better, please provide us with the following information about each person living in your household. We ask that you **PLEASE PRINT** this information. Thank you!

Mailing Label Name _____

Address _____
 _____ MN Zip _____

Home Phone _____

Email Address _____

EXAMPLE

John & Judy Smith

123 E. My Street

Bloomington, MN 55420

952-854-4733

office@saintbonaventure.org

Joined St Bonaventure _____

OFFICE USE ONLY

Envelope Number _____ Archdiocese Number _____

FAMILY MEMBERS (Additional family members/children may be listed on reverse side)

ADULT

ADULT

Title: Mr. Mrs. Dr. Ms. Miss _____

Title: Mr. Mrs. Dr. Ms. Miss _____

First Name (Formal name) _____

First Name (Formal name) _____

Preferred Name _____ Middle Name _____

Preferred Name _____ Middle Name _____

Last Name _____

Last Name _____

Maiden Name _____

Maiden Name _____

Birth Date _____ - _____ - _____

Birth Date _____ - _____ - _____

Sex Male Female

Sex Male Female

Marital Status* _____

Marital Status* _____

Occupation _____

Occupation _____

Wk Phone _____ Cell # _____

Wk Phone _____ Cell # _____

E-mail _____

E-mail _____

Religion _____

Religion _____

	Approx. Date	Church Name	City, State
Baptism			
1st Communion			
Confirmation			

	Approx. Date	Church Name	City, State
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1st Communion			
Confirmation			

*From "Marital Status" above, list one: Single, Engaged, Married, Widowed, Divorced, Separated

If currently married, please complete the following:

Date/Church/City/State of Marriage _____

Emergency contact:

Name & Phone Number: _____

I/We would like a call/visit from a member of the Welcoming Ministry

I/We are registering our children ONLY for Faith Formation and we do not wish to join St. Bonaventure parish.

OLDEST CHILD AT HOME

First (Formal) Name _____

Preferred Name _____

Middle Name _____

Last Name _____

Jr. – Sr. – III – IV _____

Birth Date _____

Sex Male Female

School _____

Grade _____

Religion _____

	Approximate Date	Church Name	City, State
Baptism			
1st Communion			
Confirmation			

THIRD CHILD AT HOME

First (Formal) Name _____

Preferred Name _____

Middle Name _____

Last Name _____

Jr. – Sr. – III – IV _____

Birth Date _____

Sex Male Female

School _____

Grade _____

Religion _____

	Approximate Date	Church Name	City, State
Baptism			
1st Communion			
Confirmation			

SECOND CHILD AT HOME

First (Formal) Name _____

Preferred Name _____

Middle Name _____

Last Name _____

Jr. – Sr. – III – IV _____

Birth Date _____

Sex Male Female

School _____

Grade _____

Religion _____

	Approximate Date	Church Name	City, State
Baptism			
1st Communion			
Confirmation			

FOURTH CHILD AT HOME

First (Formal) Name _____

Preferred Name _____

Middle Name _____

Last Name _____

Jr. – Sr. – III – IV _____

Birth Date _____

Sex Male Female

School _____

Grade _____

Religion _____

	Approximate Date	Church Name	City, State
Baptism			
1st Communion			
Confirmation			

Additional children living at home? Please attach additional sheet of paper. ADULT CHILDREN (over 21 years) living at home and/or want to be considered a member of St. Bonaventure need to return a separate registration form.