

St. Bernadette Catholic Church

15500 El Camino Real

Houston, TX 77062

281-486-0337

2018-2019 Membership Form

Office Use Only

Date: _____

Envelope #: _____

Household #: _____

Member Status:	<input type="checkbox"/> New	<input type="checkbox"/> Current or <input type="checkbox"/> Return	<input type="checkbox"/> Remove	Home Phone:			
Family Last Name:				Head of Household Cell:			
Address:				Spouse Cell:			
City/St/Zip				Home email:			
Children live with	<input type="checkbox"/> Dad & Mom	<input type="checkbox"/> Dad Alone	<input type="checkbox"/> Mom Alone	<input type="checkbox"/> Dad & Spouse	<input type="checkbox"/> Mom & Spouse	<input type="checkbox"/> Other	
Marital Status	<input type="checkbox"/> Catholic Marriage	<input type="checkbox"/> Other Church	<input type="checkbox"/> Civil Marriage	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed

Head of Household Full Name:		Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birthdate		First Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Religion		First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation		Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabilities or Special Needs		Marriage Date		
Ministry interests		Personal email		

Spouse Full Name:		Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birthdate		First Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Religion		First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation		Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabilities or Special Needs				
Ministry interests		Personal email		

Child Full Name:		Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Birthdate		First Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2018-2019 grade			Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Away at College	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attends Religious Ed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabilities or Special Needs			Personal email (not required)		

Child Full Name:		Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Birthdate		First Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2018-2019 grade			Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Away at College	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attends Religious Ed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabilities or Special Needs			Personal email (not required)		

Child Full Name:		Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Birthdate		First Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2018-2019 grade		Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Away at College	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attends Religious Ed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disabilities or Special Needs		Personal email (not required)			

Resident Adult Full Name:		Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birthdate		First Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Religion		First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell Phone		Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Email		Ministry Interest		
Disabilities or Special Needs		Occupation/College		

Resident Adult Full Name:		Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birthdate		First Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Religion		First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cell Phone		Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Email		Ministry Interest		
Disabilities or Special Needs		Occupation/College		

Primary language spoken at home:

Is there anyone in your household who would be interested in taking instruction about the Catholic faith to receive:	Baptism <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Confirmation <input type="checkbox"/>	Name(s):
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Is anyone in your household sick, elderly, home bound, or disabled that would like to receive communion?	Yes <input type="checkbox"/>	Name(s):
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Is anyone in your household interested in vocations?	Priest <input type="checkbox"/>	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>	Name(s):
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Are you or anyone in your household interested in volunteering at St. Bernadette?	Yes <input type="checkbox"/>	Name(s):
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Thank you for taking the time to let us know more about you!

Please return this Membership Update Form to St. Bernadette. You can e-mail it to office@stbchurch.org, drop it by the Parish Office, mail it or put it in the collection basket!