

For Office Only:		PARA ESPANOL VOLTEE AL OTRO LADO			
Env. #		The Ch THE CHURCH OF SAINT BARTHOLOMEW THE APOSTLE, 15 PALMER ROAD, YONKERS, NY 10701			
PS		Phone : 914 965-0566		Fax: 914 965-9046	
One Call		Parish web site: www.saintbartsparish.org		e mail: stbartschurch@aol.com	
The information on this form will be used for the pastoral needs of the parish only and will be kept in strict confidence by the parish office					
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> Date <input style="width: 80%;" type="text"/> </div> <div style="width: 40%; text-align: center;"> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">A.</div> <div style="border: 1px solid black; padding: 2px 5px;">B.</div> <div style="border: 1px solid black; padding: 2px 5px;">C.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Family Name (Last Name Only) D. Street Address </div> <div style="width: 20%; text-align: center;"> City </div> <div style="width: 20%; text-align: center;"> Zip Code </div> <div style="width: 20%;"> Primary Contact Information Home Phone Number: _____ Cell Phone Number: _____ E-mail address: _____ </div> <div style="width: 20%;"> Check preferred method of contact Home Phone <input style="width: 100%;" type="text"/> Cell Phone <input style="width: 100%;" type="text"/> Text <input style="width: 100%;" type="text"/> E-mail <input style="width: 100%;" type="text"/> </div> </div> </div> </div>					
<div style="background-color: yellow; display: inline-block; padding: 2px 10px;">PLEASE PRINT ALL INFORMATION CLEARLY</div>					
<div style="background-color: yellow; display: inline-block; padding: 2px 10px;">NOTE: IF YOU HAVE NOT REGISTERED WITH PARISH, PLEASE CONTINUE AND COMPLETE INFORMATION BELOW</div>					

E. ADULTS																
1	NAME	CURRENT OCCUPATION	BIRTH DATE	BAPTIZED CATHOLIC	FIRST COMMUNION	CONFIRMATION					Married Bef. Priest or Deacon	Civil Marriage	Widow/ Widower	Annulled Marriage	Divorced	Single/ Never Married
			M/D/Y	YES/NO	YES/NO	YES/NO					YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
2																

F. CHILDREN														
1	NAME	SCHOOL, HIGH SCHOOL, COLLEGE, OTHER	BIRTH DATE	BAPTIZED CATHOLIC	FIRST COMMUNION	CONFIRMATION	LIST ANY SPECIAL NEEDS <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>							
			M/D/Y	YES/NO	YES/NO	YES/NO								
2							DO ANY HOMEBOUND ADULTS RESIDE IN YOUR HOME? PLEASE CHECK YES OR NO. <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;">YES</div> <div style="margin-right: 10px;">NO</div> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div>							
3														
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7														