



St. Bartholomew Parish Registration Form

St. Bartholomew Catholic Church
9375 Winton Road, Cincinnati, OH 45231
513.522.3680 | estbarts.org

Please fill in this form with as much detail as possible. You may return the form by (a) dropping it in the collection basket, (b) mailing it to the Parish Office, (c) sending it as an email attachment to office@estbarts.org, or (d) faxing it to 513.728.3141. If you have any questions, please call the Parish Office at 513.522.3680.

SECTION 1: Family Information				
Today's Date	Previous Parish			Envelope Number
				<i>For office use only</i>
Household Address				
City	State	Zip	Primary Phone Number	Unlisted? <input type="checkbox"/> Y <input type="checkbox"/> N
SECTION 2: Head of Household Information				
Title <small>Mr/Miss/etc.</small>	First Name	Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade/Degree	Occupation	Work Phone	
Email			Cell Phone	
Religion	Language	Ethnicity	Maiden Name	
Baptism	Location		First Reconciliation	Location
	Date			Date
First Communion	Location		Holy Matrimony	Location
	Date			Date
Confirmation	Location		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Christian Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled
	Date			
SECTION 3: Spouse Information				
Title <small>Mr/Miss/etc.</small>	First Name	Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade/Degree	Occupation	Work Phone	
Email			Cell Phone	
Religion	Language	Ethnicity	Maiden Name	
Baptism	Location		First Reconciliation	Location
	Date			Date
First Communion	Location		Holy Matrimony	Location
	Date			Date
Confirmation	Location		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Christian Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled
	Date			

SECTION 4: Children Information (children 18 and older should fill out their own form)

First Name		Middle Name		Last Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth		Grade		School			
Religion		Language		Ethnicity			
Baptism	Location			First Reconciliation	Location		
	Date				Date		
First Communion	Location			Confirmation	Location		
	Date				Date		

First Name		Middle Name		Last Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth		Grade		School			
Religion		Language		Ethnicity			
Baptism	Location			First Reconciliation	Location		
	Date				Date		
First Communion	Location			Confirmation	Location		
	Date				Date		

First Name		Middle Name		Last Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth		Grade		School			
Religion		Language		Ethnicity			
Baptism	Location			First Reconciliation	Location		
	Date				Date		
First Communion	Location			Confirmation	Location		
	Date				Date		

First Name		Middle Name		Last Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth		Grade		School			
Religion		Language		Ethnicity			
Baptism	Location			First Reconciliation	Location		
	Date				Date		
First Communion	Location			Confirmation	Location		
	Date				Date		