St. Barbara Church

4008 Prairie Ave. Brookfield, IL 60513

708.485.2900

Registration Form

To register, complete form and send to St. Barbara Parish Office

Family's Last Name: _____

First Names: _____

Mailing Name: _____

Address: _____

City: _____State: _____ Zip: _____

Wife's Maiden Name: _____

Weekly Envelopes: ____ Please send envelopes (Bi-monthly)

____ Please send information on on-line giving

Home Phone: _____

Cell Phone: _____

E-mail: _____

Parish Directory (Guidebook):

_____ Add me into the next directory

_____ Add my name & Omit my phone #

_____ Do not add me to the next directory

Your Name:_____

Occupation: _____

Work Phone: _____

Birth Date: _____ /_____ /_____ Gender: M F

Marital status:

❑ Single ❑ Widowed ❑ Separated ❑ Divorced

❑ Married —-Date: _____ /_____ /_____

Church: _____

Sacraments Received: ❑ Baptism ❑ First Communion

❑ Confirmation ❑ Catholic Matrimony

Graduate of St. Barbara School Yes__ No __ Year_____

Your Name:_____

(Spouse)

Occupation: _____

Work Phone: _____

Birth Date: _____ /_____ /_____ Gender: M F

Marital status:

❑ Single ❑ Widowed ❑ Separated ❑ Divorced

❑ Married —-Date: _____ /_____ /_____

Church: _____

Sacraments Received: ❑ Baptism ❑ First Communion

❑ Confirmation ❑ Catholic Matrimony

Graduate of St. Barbara School Yes__ No __ Year_____

Family members living at home (Children and others)

Name	**Relationship**	**Birth Date** (mm/dd/yy)	**Gender** M/F	**Baptized** Yr. & Church	**First Communion**	**Confirmed** Yr. & Church	**Religious Ed (Grade)**