

ST. BERNARD RESIDENT REGISTRATION INFORMATION

Current St. Bernard Address:

_____ Apt # _____

Date moved to this address: (MM/DD/YY) ___ / ___ / ___

Name _____ DOB ___/___/_____

Spouse _____ DOB ___/___/_____

Phone: Residence: _____ Cell: () _____

Spouse Phone: _____ Cell: () _____

Previous Address: _____ Apt. # _____

Please list other household members: M/F

_____ ___ DOB ___/___/_____

_____ ___ DOB ___/___/_____

_____ ___ DOB ___/___/_____

_____ ___ DOB ___/___/_____

_____ ___ DOB ___/___/_____

Retired:

You: Yes No Date of retirement ___/___/___

Spouse: Yes No Date of retirement ___/___/___

I certify, by my signature, that the above information is true and accurate under the penalties of falsification and give consent that the above information may be used by other municipal departments for official business.

_____ / ___ / _____

Signature

Date

ST. BERNARD TAX DEPARTMENT REGISTRATION

Please check if: New Resident Residence address change
 Other: (family member added, name change by marriage, etc.)

SS# ___-___-___ E-Mail Address: _____

SS# ___-___-___ E-Mail Address: _____

Employer: _____ Date Started

You _____ ___/___/_____

Spouse _____ ___/___/_____

SS# ___-___-___ Employer _____

SS# ___-___-___ Employer _____

SS# ___-___-___ Employer _____

SS# ___-___-___ Employer _____

SS# ___-___-___ Employer _____

Do you own the property in which you live? Yes No

If no, are you renting: Yes No

Name/Full Address of Landlord:

Office use only

Copy of Documents and verification:

- Lease agreement/ affidavit
- Purchase of property/mortgage agreement
- Utility bill
- Driver's license/government issued ID
- Legal document/other _____
- Residence address change from post office