

St Bernard Roman Catholic Parish

Pastor: Fr. Lukose Kochupurackal
1720 St. Bernard St., Ottawa, ON K1T 1K8
Tel: (613) 738 1943 ■ Fax: (613) 739 1713
Email: stbernard@rogers.com ■ Website <http://saintbernardparish.com>

BAPTISM REGISTRATION FORM

Please indicate the Month you have requested for Baptism: _____

Child's Given Names: (Please print clearly in capital letters, if there is a question as to the correct spelling of any name on the Baptismal form you will be contacted for confirmation of information)

First Name	Middle Name(s)	Last Name
Male _____ Female _____		
Date of Birth: D/ _____ M/ _____ Yr/ _____		
Place of Birth (City & Prov/State): _____		

YOUR NAME & ADDRESS

Father's Name: (First) : _____ (Last): _____ Religion: _____

Mother's Name: (First) : _____ (Maiden Name): _____ Religion: _____

Address: _____ City: _____ Postal Code: _____

Telephone (Home): _____ Work: _____

MARRIAGE INFORMATION

Marriage Date: D/ _____ M/ _____ Yr/ _____ Name of R.C. Church: _____

Other: _____

GODPARENT INFORMATION: *One godparent is required, two are preferred. One godparent must be a practicing Roman Catholic, 16 years or older who has received the Sacraments of Baptism, Eucharist and Confirmation. The second godparent may be a Catholic or non-Catholic Christian.*

Godfather's Name: _____ Religion: _____

Godmother's Name: _____ Religion: _____

If applicable, proxy: _____

Parent Signatures: _____ & _____

DATES TO REMEMBER . . .

Parent Meeting: Thursday before the baptisms in the church at 7:30 PM
Date & Time of Baptism: Last Sunday of each month at 10:00 AM

<p>For Office Use Only: Baptismal Certificate Prepared _____ Entered into the Baptismal Register _____ Tax receipt issued _____</p> <p>NOTES: _____</p> <p>_____</p> <p>_____</p>
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