



**Our Lady Of
The Assumption Church**
7624 – 39 Avenue NW.
T3B 1X3

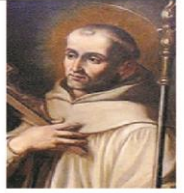
Calgary, Alberta
Ph. (403) 283 3746
www.stbernardsparish.ca

+

St. BERNARD'S PARISH

**SAINT
BERNARD'S CHURCH**
711 – 37 Street NW.
T2N 3B9

Calgary, Alberta
Fax (403) 283 3481
office@stbernardsparish.ca



BAPTISM REGISTRATION FORM

CANDIDATE INFORMATION

First and Middle Name **Last Name**

Date of Birth (dd/mm/yyyy) **Place of Birth (City/Province)**

Sex: M F Age: Adult: **Infant:** **Preschool age (1 – 4 years old):** **School age child (5 + years):**

Name of the School Attending:

Parishioners from STB **OLA** **New Parishioners** **Area:**

Does the candidate resides with: Both Parents Mother Father Other:

Date Requested for this Baptism (dd/mm/yyyy):

Have you attended a Baptism Preparation Course? When? Yes **No** **When? (dd/mm/yyyy):**

Where?

FAMILY INFORMATION

Family's Last Name: **Address:**

Postal Code: **Area:** **City:**

E-mail Address: **Home Phone Number:**

Father/Guardian: **Date of Birth (dd/mm/yyyy)**

Marital Status: **Occupation:** **Address (If not the same):**

Postal Code: **Area:** **City:** **Religion:**

E-mail Address: **Mobile Number:**

Mother/Guardian: **(Maiden name):** **Date of Birth (dd/mm/yyyy)**

Marital Status: **Occupation:** **Address (If not the same):**

Postal Code: **Area:** **City:** **Religion:**

E-mail Address: **Mobile Number:**

INFORMATION REQUIRED

- 1. Birth Certificate:** Copy of Candidate's Birth Certificate attached to this registration when submitted.
- 2. Godparents Information:** Completed at time of registration.

Godmother's Name: **Last Name:** **Religion:**

Last Name: **Religion:**

Godfather's Name: **Last Name:** **Religion:**

Last Name: **Religion:**