



**Our Lady Of
The Assumption Church**
7624 – 39 Avenue NW.
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Calgary, Alberta
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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)

Male Female Adult: Infant: Preschool: Age: _____ School:

Parishioners from STB OLA New Parishioner Date requested for Baptism:

Church: STB OLA Regular Mass? Time: _____ Other _____ Have you attended a Baptism Preparation Course? Yes No When? (dd/mm/yyyy): Where?

FAMILY INFORMATION

Family's Last Name: Address:

Postal Code: Neighbourhood: Bowness Montgomery Parkdale Other

STB Parishioners: Yes No Other Name of the Parish:

Parents Marriage Information

Married? Yes No RC Church Civil Common Law Non Catholic Church If not married in RC Church, Baptism Certificate of one parent Candidate resides with: Both Parents Mother Father Other:

Mother First-Middle Name: (Maiden name):

Date of Birth: (dd/mm/yyyy) E-mail Address:

Mobile Number: Occupation: Religion:

Father

First-Middle Name: Last Name:

Date of Birth: (dd/mm/yyyy) Religion: Occupation:

Mobile Number: E-mail Address: Different Address: Yes No

*INFORMATION REQUIRED:

1. **CHILD'S BIRTH CERTIFICATE** (Please bring copy of Birth Certificate attached to Registration when submitted)
 2. **GODPARENTS INFORMATION** (This information is required when form is submitted)
 3. **GODPARENT(S) CONFIRMATION CERTIFICATE** (Please bring a copy of the Certificate of Confirmation) *
- At least one Godparent is required to be Catholic/Confirmed*

Godmother's Name: Last Name: Religion:

Godmother's Name: Last Name: Religion:

Godmother's Name: Last Name: Religion:

Godmother's Name: Last Name: Religion:

Date of Registration: ___ ___ ___

* Required Documents

dd mm year