



St. Bernard of Clairvaux Catholic Church
 7130 Harrison Avenue
 Cincinnati, Ohio 45247

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WEBSITE: stbernardtc.church

DATE OF CALL: ____ / ____ / ____

DATE REQUESTED FOR BAPTISM: ____ / ____ / ____

FULL LEGAL NAME (LAST, FIRST, MIDDLE): _____

DATE OF BIRTH: ____ / ____ / ____ CITY/STATE OF BIRTH: _____

HOME ADDRESS: _____

STATE/ZIP: _____ PRIMARY PHONE/NAME: _____

EMAIL ADDRESS: _____

DOES THE CHILD HAVE SPECIAL NEEDS THAT WE NEED TO BE AWARE OF FOR THE BAPTISM? _____

FATHER'S FULL LEGAL NAME: _____

RELIGION: _____ PRACTICING? YES NO

MARRIED? YES NO MARRIED BY A PRIEST? YES NO

MOTHER'S FULL LEGAL NAME: _____

MOTHER'S MAIDEN NAME (required): _____

RELIGION: _____ PRACTICING? YES NO

MARRIED? YES NO MARRIED BY A PRIEST? YES NO

GODFATHER'S FULL LEGAL NAME: _____

RELIGION: _____ PRACTICING? YES NO

GODMOTHER'S FULL LEGAL NAME: _____

RELIGION: _____ PRACTICING? YES NO

OFFICE USE ONLY

GODMOTHER FORM RECEIVED? YES NO DATE: _____

GODFATHER FORM RECEIVED? YES NO DATE: _____

PRIEST NOTIFIED/DATE: _____ CERTIFICATE CREATED/DATE: _____

BAPTISM RECORDED/DATE: _____