



**St. Bernard of Clairvaux Church**

7130 Harrison Avenue  
Cincinnati, Ohio 45247  
513-353-4207

<b>Office Use Only</b>	
Date of Information Mtg _____	Priest Performing Baptism _____
Date of Baptism _____	Date Recorded _____
_____	_____

**Information for Infant baptism**

DATE OF BAPTISM: \_\_\_\_\_  
(2<sup>nd</sup> Sunday of each month at 1:00 pm)

NAME OF CHILD \_\_\_\_\_  
FIRST MIDDLE LAST

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ CITY/STATE OF BIRTH \_\_\_\_\_

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

NATURAL FATHER'S NAME \_\_\_\_\_  
FIRST LAST

FATHER'S RELIGION \_\_\_\_\_ PRACTICING? YES \_\_\_\_\_ NO \_\_\_\_\_

BIRTH MOTHER'S NAME \_\_\_\_\_  
FIRST MAIDEN NAME

MOTHER'S RELIGION \_\_\_\_\_ PRACTICING? YES \_\_\_\_\_ NO \_\_\_\_\_

MARRIED: YES \_\_\_\_\_ NO \_\_\_\_\_ MARRIED BY A PRIEST? YES \_\_\_\_\_ NO \_\_\_\_\_

GODFATHER'S NAME \_\_\_\_\_  
FIRST LAST

GODFATHER'S RELIGION \_\_\_\_\_ PRACTICING? YES \_\_\_\_\_ NO \_\_\_\_\_

GODMOTHER'S NAME \_\_\_\_\_  
FIRST LAST

GODMOTHER'S RELIGION \_\_\_\_\_ PRACTICING? YES \_\_\_\_\_ NO \_\_\_\_\_

❖ **MOTHER'S MAIDEN NAME MUST APPEAR ON THIS FORM; IT IS RECORDED IN THE PARISH REGISTER.**