

St. Bernard Sacrament Registration

Sacrament Record

Name of Child (print) _____

Main phone number to leave a message: _____

E-mail to leave messages: _____

Cell Phone: (mother): _____ (father): _____

Address _____

City _____ Zip _____

Grade _____ School _____

Father's Name _____

Mother's Name _____ Mother's **Maiden** Name _____

BIRTH: Date of: _____ State: _____

BAPTISM: Date of _____ Parish of Baptism _____ State _____

Address of Baptismal Parish if **other than St. Bernard Parish** (we send confirmation of this sacrament to the place of Baptism, where permanent records are kept)

_____ City _____ Zip _____

If you were **NOT** baptized at St. Bernard parish, you will need a copy of your child's baptismal certificate. A copy can be obtained from the parish of baptism by calling and requesting a copy, which can be mailed directly to us at: 1617 W. Pine St. Appleton, WI 54914

(For parish use only)

- Date Registration Received _____ *Initials:* _____
- Baptismal Certificate Date Received _____
- Special Circumstances:

Payment complete

