Church Parish Sheet

ST. BERNARD SCHOOL

251 E. Bridge Street Breaux Bridge LA 70517

This portion must be completed by the parishioner.

	Phone number of Father/Guardian	Email address of Father/Guard
Name of Mother/Guardian	Phone number of Mother/Guardian	Email address of Mother/Guard
	Name of Children	
Name of Church Parish		ty and State of Church Parish
This portion must be complete	ed by the Pastor of your church p	narish
This portion must be complete	or and i dotter or your orithorn p	arion.
This family is (Pastor is to sele	ect one):	
This family is (Pastor is to sele	, 	
	(Pastor's signature)	(Date)
	(Pastor's signature)	. ,
Territorial	, 	(Date)
TerritorialRegisteredRegistered,	(Pastor's signature) (Pastor's signature)	(Date)
TerritorialRegistered	(Pastor's signature)	. ,
TerritorialRegisteredRegistered,	(Pastor's signature) (Pastor's signature)	(Date)

Please complete and email to jdupont@sbscrusaders.com
or fax to SBS at (337) 332-5894