



ENGLISH SPEAKING ROMAN CATHOLIC COMMUNITY OF BERNE

Pfarrei Bruder Klaus, Segantinstrasse 26, 3006 Bern

www.kathbern.ch/esrccb

MEMBERSHIP REGISTRATION FORM

Instructions for filling out the form:

- 1. Please use CAPITAL LETTERS**
- 2. Please use the DD.MTH.YEAR format for dates.**
- 3. Please fill ALL BOXES applicable to you AND your family.**

	Adult Male		Adult Female	
Family Name				
First Name/s				
Date of Birth				
Address : Street Name & Nr.				
Address : Zip Code & Town				
Phone : Residence / Mobile				
Email				
Country of Origin				
In Switzerland since				
Profession / Work				
Religion (Roman Catholic, Protestant, etc.)				
Baptism : When & Where				
Confirmation : When & Where				
Are you registered with another Parish/Mission in Switzerland?				
Name/s of your Child/Children	Date of Birth	Date of Baptism	Date of First Communion	Date of Confirmation
Are you registered as a Catholic with your Gemeinde?				
Signature				
Date of Application				

This information is confidential and will not be used for public purposes.

Thank you for your support – ESRCCB Council