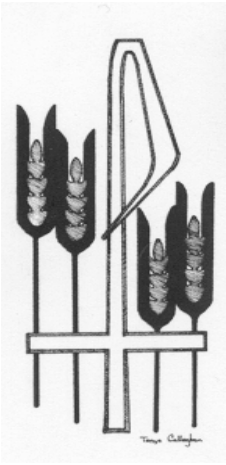


DATE: _____



CORPUS CHRISTI PARISH

COPY OF BAPTISM REQUEST FORM

Please print.

Please check the following information for **correct spelling** and for **FULL NAMES**.
ONE FORM PER PERSON

CHILD: _____
Surname Given Names

Date Of Birth: _____
Month Day Year Place Of Birth (City & Province)

Father's Full Name: _____
First Full name Middle Name Last Name Religion

Mother's Full Name: _____
First Full name Middle Name Last Name Religion
Maiden Name: _____

Please Mail Issued Baptism Certificate to:

Name _____

Address _____ Postal Code _____

Phone Number _____ Email Address _____

Purpose of Certificate Request _____



Mail to Corpus Christi Parish, 404 Northmount Place N.W., Calgary, Alberta, T2K 3P9

Or Fax (403) 275-3644, or email: information@corpuschristi-calgary.org

If there are changes to be made to the Register, we will be happy to help you ensure your information is corrected. Documentation is needed.