

BAPTISM PREPARATION - SCHOOL AGE
Corpus Christi Roman Catholic Church

DATE: _____

Child's Last Name: _____
(Note: As stated on Certificate of Birth)

Child's First Name: _____

Child's Middle Name(s): _____

Date of Birth: _____

Place of Birth _____

Male or Female Age: _____ Grade: _____ School: _____

Parent's E-Mail addresses:

Father's FULL legal name:

_____ Religion _____
Last All Given Name(s)

Mother's FULL legal name: Mother's Maiden Name _____

_____ Religion _____
Last All Given Name(s)

✓ **Marital Status:** Married ___ Separated ___ Divorced ___ Common-law ___ Single ___ Widowed ___

Child's Family Address, City, Postal Code

Telephone: _____
Home Father's cell or work Mother's cell or work

Godparent(s) Baptism Information (provide Roman Catholic Baptism certificate)

Full legal name: _____ Religion _____

Full legal name: _____ Religion _____

Child's Birth Certificate attached? _____ Yes _____ if not, please email

Parent(s) Baptism Certificate attached? _____ Yes _____ if not, please email

Parish Registration form attached? _____ Yes _____ No

For Office Use Only

RECEIVED BY: _____ Date of Baptism Course: _____

Child Birth Certificate

Parent Roman Catholic Baptism Certificate? (YES / NO)

Parish Registration form Y/N