

Corpus Christi

Children over 6 Baptism Request Form 2020-2021

Please complete the information below, detach and return Corpus Christi Religious Education Office.
Keep a copy for your records. **PLEASE PRINT CLEARLY**

A. Family Contact Information

Child's Full Name: (First, Middle, Last)

Child's Date of Birth: Female Male

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Child's Place of Birth: (City, County, State, Country)

Family Phone:

Today's Date: _____

Child's Home Address:

City:

State/Province: Zip Code:

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Is child adopted? No ___ Yes ___ Date _____

Father's Full Name: (First, Middle, Last)

Preferred Name: (or "Nick Name")

Religion:

Home Address: (if different from Child's)

City:

State/Province: Zip Code:

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Preferred Phone:

Email Address:

Sacraments received by Catholic Father: Yes No

Baptism	<input type="checkbox"/>	<input type="checkbox"/>
Communion	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Catholic Marriage	<input type="checkbox"/>	<input type="checkbox"/>

Mother's Full Name: (First, Middle, Last)

Mother's surname before Marriage:(Maiden Name)

Preferred Name: (or "Nick Name")

Religion:

Home Address: (if different from Child's)

City:

State/Province: Zip Code:

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Preferred Phone:

Email Address:

Sacraments received by Catholic Mother: Yes No

Baptism	<input type="checkbox"/>	<input type="checkbox"/>
Communion	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>
Catholic Marriage	<input type="checkbox"/>	<input type="checkbox"/>

Family Registered at Corpus Christi ? No ___ Yes ___ When? _____

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B. Godparent Information

Please leave blank if undecided. Godparents should be chosen prior to attending the Baptism Preparation class.

Godfather's Full Name: (First, Middle, Last)
Religion:

Godmother's Full Name: (First, Middle, Last)
Religion:

Practicing Catholic: Yes ___ No ___ Sometimes ___

Practicing Catholic: Yes ___ No ___ Sometimes ___

Will either Godparent be represented by Proxy? Yes ___ NO ___ Which Godparent? _____

For Office Use Only:

Pre-Instruction Interview with Priest/Deacon

Interview Date _____ By: _____ Schedule for Baptism Class: _____

Notes: _____

Pre-Baptism Catechesis Team

Session I: _____ Notes: _____

Session II: _____ Notes: _____

Baptism Dates Requested:

Date: _____ Time: _____ Celebrant: _____

Date: _____ Time: _____ Celebrant: _____

Baptism Completed: Yes _____ No _____ Certificate Issued: _____

Notes: _____

Received By: _____ Date: _____