

Corpus Christi Catholic Church
Required Information For Sacrament

PLEASE PRINT

CHILD'S FULL NAME:

Place of Birth: _____

Date of Birth: _____

Place of Baptism: **MUST Include name and address of church**
(If baptized at Corpus Christi, please write "Corpus Christi" on line BELOW
and provide date of actual baptism)

Name of Church: _____ **REQUIRED INFORMATION**

Street Address: _____ **REQUIRED INFORMATION**

City, State, Zip _____ **REQUIRED INFORMATION**

Date of Baptism: _____ **REQUIRED INFORMATION**

Current address: _____

Father's Full Name: _____

Mother's Full **MAIDEN** Name: _____

Phone Number : _____

**If you have not already turned one in,
please attach a COPY of the child's Baptismal Certificate with this form,
and return it to the Catholic Education Office
NO LATER THAN**

FEBRUARY 27TH

Any questions please call the Catholic Education Office (480) 893-1160

THANK YOU