

CDRIST THE KING CATHOLIC CHURCH 3423 Rojo Street, Corpus Christi, Texas 78415-5699

361.883.2821 * Fax 361.888.7048

PRE – BAPTISMAL VISIT

	Date:					
Parents' Name:	* .					
Phone:			* 52)			
	36			÷ :		
Are you a registered	I member of Ch	rist the King Parish?	Yes	No		
*	* * * * * * * * * * * * * * * * * * * *					
Active involvement	in the Parish:	Yes	No :			
Most recent involve	ment in religious	Education:				
				4.		
Have you attended	any previous pr	e-baptism classes?	Yes	No		
			•			
*						
Person Interviewing	.40					
	2					
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PRE – BAPTISMAL REGISTRATION

		Date:						
Name of Chil	ld:							
Date of Birth	: Month	Year						
Place of Birth):							
Father's Nam	ne:							
Address:		Phone:						
Sacraments:	BaptismFirst Communion	Confirmation						
	Married in Catholic Church	Do you attend Church						
	requency of Attendance							
120								
Mother's Nar	me:							
Address:		Phone:						
Sacraments:	BaptismFirst CommunionCopnfirmation							
	Married in Catholic ChurchDo you attend Church							
	Frequency of Attendance							
Godfather's Name:Religion:								
Address:								
Parish:								
Sacraments:	BaptismFirst Communion	Confirmation						
e * * * * * * * * * * * * * * * * * * *	Married: Yes	·						
	If yes, by the Catholic Church? Yes_	No						
	Do you attend Church/Mass?							
	Frequency of attendance:							

Godmother's	Name:			Religio	า:	
Address:						
Sacraments:	Baptism	A. Carrier and Car		Confirmation		
	Married:	Yes		_No		
*	If yes, by the	Catholic Church?	Yes		No	
Do you attend Church/Mass:						
	•					
Preparation So		First Class		e e e		
		Second Class				
		Given by				
Approved for	Baptism by:					
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*****	*****	**********For Office	e Use Only**	******	******	
Date of Baptis	m:					
		er by				