

OFFICE USE ONLY

ENV# _____

CORPUS CHRISTI CATHOLIC PARISH

450 Corral Canyon Road, Bonita, California 91908
 Phone: (619) 482-3954 ♦ Fax: (619) 482-7236

PDS _____

OSV _____

LTR _____

WEL _____

Date ____/____/____ Last Name _____ Name _____ Spouse Name _____ Maiden _____

Title: Mr/Mrs. Mr. Mrs. Ms. Miss Dr./Mrs. Mr./Dr. Street Address _____ P.O. Box _____

City/State _____ Zip _____ Phone (____) _____ Cell Phone: (____) _____ (His/Hers) Unlisted (Y) (N)

E-Mail _____ Marital Status: Church Married/ Civil Married/ Single/ Divorced/ Separated/ Widowed

Children Living at Home _____ Family Church Attendance: Frequent/ Regular/ Occasional/ Seldom

Will You Use Church: Envelopes or Online Donation
 (Please circle one)

COMMENTS: _____

	Head	Spouse	Child	Child	Child	Child	Other
First Name							
LastName/Maiden							
Marital Status							
Religion							
Handicap							
Languages spoken							
Occupation							
Location							
Bus. Phone & Ext.							
Child's grade							
Sex	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
Birth Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Baptismal Date	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /
Penance	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /
First Communion	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /
Confirmation	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /
Marriage	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /	(Y) (N) (H) (U) / /

Legend: (Y)= yes, if you have done the sacrament (N)=no, if you have not done the sacrament (H)=sacraments done here at Corpus Christi (U)=do not know if done