Family Name:	Date of Baptism:	Date of Class:
Baptism R	egistration Form, St. Joan of Arc Parish, I	Marlton, NJ
Child's First Name:	Child's Middle Name:	
Address:	City:	State: Zip:
Phone:	Email:	
Date of Child's Birth:	City of Child's Birth:	State:
First Name of Father:	Last Name of Father	:
First Name of Mother:	Last Name of Mother:	
Maiden Name of Mother:		
Name of Godfather:		Catholic Yes No
Name of Godmother:		Catholic Yes No
	ge you to become a member of the parish. Belonging nue building the faith foundation of your family. Sim	
If YES, are you married in the Ca	tholic Church?	Yes No
	Church, we invite you to consider the possibility of lands and the control of lands and the control of the cont	= -
child's special day. This workshop will parents who are preparing for their ch	ation Session. One required baptismal preparation sentich your understanding of the Sacrament of Bapuild's baptism. <b>Only one parent is required to atten</b> de you with upcoming <b>Bundle of Joy</b> dates.	tism. Participation is required for all
Please submit this form to rectory@si St. Joan of Arc Baptism Team, 100 Wi	tjoans.org, print and drop off at the Parish Office o llow Bend Rd., Marlton, NJ 08053	o <mark>r mail to</mark>
media pages, family photographs take of compensation or ownership thereto	authorize the Parish of St. Joan of Arc to publish, in an during our Baptism celebration at St. Joan of Arc F b. Further, I release and waive all rights, objections a and fully understand its terms and intend to be lega	Parish in Marlton, NJ. I waive the right and/or claims incident to the use of saic
Signature of Parent (Print and Si	ign):	
r Office Use:		
te of <i>Bundle of Joy</i> session:		