



St. Joan of Arc Religious Education Ministry

101 Evans Road

Marlton, NJ 08053

**Family Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

**Mother's Maiden Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_

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Please let us know if it is your desire for your child to receive the Sacraments.

(Please Circle) Yes    No

**Name of Child:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **City of Birth:** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_ **Church of Baptism:** \_\_\_\_\_

Please attach a copy of your child's baptism certificate (if not baptized at St. Joan of Arc Parish) to this form.