

Date of Sacrament: _____

Time of Sacrament: _____

Please complete this form and
return to the Church Office:
3149 Glen Carlyn Road
Falls Church, VA 22041

SAINT KATHERINE GREEK ORTHODOX CHURCH

703-671-1515 (phone) | 703-671-1385 (fax)

BAPTISMAL INFORMATION FORM

Father

1. Name (English) _____
(Greek) _____
2. Place of Birth _____
3. Residence _____

Mother

1. Maiden Name (English) _____
(Greek) _____
2. Place of Birth _____
3. Residence _____

Child

1. Name (English) _____
(Greek) _____
2. Place of Birth _____
3. Date of Birth _____

Godparent

1. Name (English) _____
2. Home Parish _____
3. Marital Status _____

Parents' Marriage

1. Check one: Religious ____ Civil Ceremony ____
2. Location of Ceremony _____
3. Date of Ceremony _____