

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 \_\_\_\_\_