

INFORMATION FOR BAPTISM

DATE of Baptism: _____ DAY: _____ TIME: _____

(Please print clearly)

Father's Name: _____ Father's Birthplace: _____

Father's Religion: _____

Mother's First Name: _____ Maiden Name: _____

Mother's Birthplace: _____ Mother's Religion: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Wedding Date: _____ Place of Wedding: _____

Wedding Performed By _____

Name of Child: _____

(English)

(Greek)

Place of Birth: _____

(City)

(State)

Date of Birth: _____

SPONSOR – KOUMBAROS or KOUMBARA INFORMATION

Full Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Date of Baptism: _____ In what Religion was he/she baptized? _____

Parish Name: _____

Parish Location: _____ Stewardship Number: _____

PLEASE RETURN AT LEAST TWO WEEKS BEFOR THE BAPTISM.

DATE/TIME OF BAPTISM IS NOT CONFIRMED UNTIL THIS FORM HAS BEEN RECEIVED BY THE OFFICE.

THANK YOU!!