

Church of the Resurrection

Baptismal Record and Certificate Information

Please print legibly; One form per child please

FAMILY BAPTISM REQUEST:

___ Saturday:

10:00am (each
weekend)

___ Sunday: 1:30pm

3rd Sunday of the
month

Date: _____

Full Name of Child (as on birth certificate) First, Middle, Last (PLEASE PRINT):

Sex: Date of Birth: Phone: Email:

Address: City: State:
Zip:

Place of birth (city/state):

Father's Full Name: (First) (Middle) (Last)

Mother's Full **Maiden** Name: (First) (Middle) (**Maiden Last
Name**)

Father's Religion: Mother's Religion:

Godfather's Name: (First) (Middle) (Last) Religion:

Sponsor Letter Received:

Godmother's Name: (First) (Middle) (Last) Religion:

Sponsor Letter Received:

Christian Witness: Religion:

Sponsor Letter Received:

Are the parents married in the Catholic Church?
Ceremony? Married in Civil

If either Godparent is represented by proxy, give full name:

Are the parents registered parishioners of Resurrection Church? If not, where?

Date of Baptismal Preparation Class:

Baptism conferred by: _____	Date Celebrated:
Signature of Clergy	

A Baptism may be scheduled on the third Sunday of the Month at 1:30 pm, Saturday at 10:00am on any weekend or other times at the discretion of the Pastor.

Contact: Helene Stever, DRE, 301.288.4664 or email at hstever@resurrectionadw.org.