



CHURCH *of the* RESURRECTION

Information for Baptismal Record and Certificate

Please print legibly. One form per child.

Baptism date requested:

Saturday 9:30 a.m.

Sunday 1:30 p.m.

Date: _____

Child's Full Name (as on birth certificate):		
Sex:	Date of birth:	Place of birth (city, state):
Home Address:		
Phone:	Email:	
Father's Full Name:		Father's religion:
Mother's Full Maiden Name:		Mother's religion:
Are the parents married in the Catholic Church? Married in a civil ceremony?		
Are the parents registered parishioners of Resurrection Church?		
Full Name of: <input type="checkbox"/> Godfather (Catholic, all sacraments, letter from his parish) or (optional) <input type="checkbox"/> Christian Witness (baptized, never Catholic)		
Full Name of: <input type="checkbox"/> Godmother (Catholic, all sacraments, letter from her parish) or (optional) <input type="checkbox"/> Christian Witness (baptized, never Catholic)		

To schedule a baptism, please contact Helene Stever (Director of Religious Education) at 301-288-4664 or hstever@resurrectionadw.org.

Office use only

Class date:	Sponsor letters:	
Baptism conferred by:		Baptism date:

Revised 04/10/24