

Saint Philip Catholic Church

Falls Church, Virginia – 703-573-3808 – stphilipparish@gmail.com

TODAY'S DATE _____

ARE PARENTS REGISTERED IN ST. PHILIP? NO YES, REGISTRATION DATE _____

I. CHILD TO BE BAPTIZED

FULL NAME _____
(as it appears in *Birth Certificate*)

AGE _____ DATE OF BIRTH _____ PLACE _____

II. PARENTS

ADDRESS _____

HOME PHONE _____ DAD'S CELL _____ MOM'S CELL _____

FATHER'S NAME _____ AGE _____

RELIGION _____ BAPTISM CONFESSION COMMUNION CONFIRMATION

MOTHER'S NAME (INCLUDING MAIDEN) _____ AGE _____

RELIGION _____ BAPTISM CONFESSION COMMUNION CONFIRMATION

MARRIED NO YES DATE _____ CATHOLIC? NO YES

CHURCH: _____

III. GODPARENTS

GODFATHER'S NAME _____ CATHOLIC? YES NO

PRESENT PARISH _____ PASTOR LETTER YES NO IN THE PROCESS

BAPTISM CONFESSION COMMUNION CONFIRMATION

MARRIED NO YES DATE _____ CATHOLIC? NO YES

CHURCH: _____

GODMOTHER'S NAME _____ CATHOLIC? YES NO

PRESENT PARISH _____ PASTOR LETTER YES NO IN THE PROCESS

BAPTISM CONFESSION COMMUNION CONFIRMATION

MARRIED NO YES DATE _____ CATHOLIC? NO YES

CHURCH: _____

OFFICE USE ONLY

_____/_____
DATE OF CLASS 1 / DATE OF CLASS 2

_____/_____
SIGNATURE OF PRIEST/DEACON (2 needed)

DATE OF BAPTISM

SIGNATURE OF PRIEST/DEACON (upon administration)