

Request for Baptism
At St. James Catholic Church, Falls Church, VA

Name of Child: _____

Date of Birth: _____

Place of Birth (as it appears on the Birth Certificate): _____

Requested Date of Baptism: _____

Father's Name: _____

Mother's Name: _____ Maiden name: _____

Address: _____

Telephone Number: _____

Were parents married by a Catholic Priest? _____

Father's Religion: _____ Mother's Religion: _____

Godfather's Name: _____

Is the Godfather Catholic? _____

Godmother's Name: _____

Is the Godmother Catholic? _____

Additional Comments: _____

For Office Use Only

Date of Baptism: _____ Priest/Deacon: _____

Sponsor form received for: Godfather (____) Godmother (____)

Additional Comments: _____