



SAINT GEORGE GREEK ORTHODOX CATHEDRAL

PETITION FOR BAPTISM IN THE ORTHODOX CHURCH

Please complete all fields and return to the Parish Office ASAP, along with all requested documentation and a copy of the child's Birth Certificate. No Baptism date can be finalized prior to receiving this information.

Requesting Baptism to take place on: Month _____ Day _____ Year _____ Time _____

FROM THE PARENTS	
Father's Full Name _____	
Father's Place of Birth (City & Country) Birthdate _____	
Father's Faith _____	
Mother's Full Maiden Name _____	
Mother's Place of Birth _____	Birthdate _____
Mother's Faith _____	
Date of Wedding (if married) _____	
Parish & City _____	
Name of Orthodox priest (minister or civil servant) who officiated at wedding _____	
Parents' Address _____	
Home Telephone _____	Mobile Telephone _____
Email _____	
Parents' Current Parish & City _____	
Child's Place of Birth (Must provide copy of Birth Certificate) _____	
Child's Birthdate _____	Sex _____
Baptismal Name in English _____	
Baptismal Name in Greek – other Language _____	
Father's Signature _____	
Mother's Signature _____	Date _____

FROM THE GODPARENT	
Godparent's Full Name _____	
Godparent's Place of Birth (City & Country) Birthdate _____	
Date of Orthodox Baptism / Christmation (Must provide copy of Baptism Certificate) _____	
Parish & City where Baptized _____	
No <input type="checkbox"/> Yes <input type="checkbox"/> How? _____	
Are you related to the child and how? _____	
No <input type="checkbox"/> Yes <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/>	
Are you a godparent to another child? _____	
Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you married? In the Orthodox Church? (Must provide copy of Marriage Certificate) _____	
Date of Orthodox Wedding _____	
Parish & City _____	
Name of Orthodox Priest who officiated Wedding _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you Divorced? _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, have you obtained an ecclesiastical divorce? (If Yes, please provide copy) _____	
Godparent's Address _____	
Home Telephone _____	Mobile Telephone _____
Email _____	
Godparent's current Parish & City (Must provide Church Membership Certificate) _____	
Godparent's Signature _____	
Date _____	