

BAPTISMAL INFORMATION

Holy Cross ~ St. Nektarios Greek Orthodox Church, Barrie

Parent Information

Father's Name: _____
Place of Birth: _____ (City/Prov.)
Present Address: _____ (City/Prov.)
Religion: _____

Mother's Maiden Name: _____
Place of Birth: _____ (City/Prov.)
Present Address: _____ (City/Prov.)
Religion: _____

Contact Info

Phone: _____

Email: _____

Mailing Address:

Are the parents married? Yes _____ No _____

Wedding was performed by: _____
(Orthodox Priest/Minister/Justice of the Peace)

Date of Wedding: _____ / _____ / _____ Place of Wedding: _____
Month Date Year City/Prov. & Country

Child's Information

Gender: _____
Baptismal Name: _____
Place of Birth: _____ (City/Prov.)
Date of Birth: _____ / _____ / _____
Month Date Year
Date of Baptism: _____ / _____ / _____ Time: _____
Month Date Year

Godparent(s) Information

Legal Name: _____
Legal Name: _____

CONFIDENTIAL

PLEASE ENSURE THIS FORM IS FULLY COMPLETED AND RETURNED TO
FR. THEODOROS NO LATER THAN **A WEEK BEFORE** THE BAPTISM