



Saint James Catholic Church

905 Park Avenue, Fall Church, Virginia 22046 • 703-532-8815 • www.stjamescatholic.org

REQUEST FOR BAPTISM

Name of Child: _____

Date of Birth: _____ Girl _____ Boy _____

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/Deacon? Yes ___ No ___

Church of Marriage: _____

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

Have the Parents taken a baptism class? (Please note the date and Church): _____

Godfather's Name: _____ Is the Godfather Catholic? Yes ___ No ___

Godmother's Name: _____ Is the Godmother Catholic? Yes ___ No ___

Will either of the Godparents be represented by a proxy? _____

Name of Proxy: _____

Additional Comments: _____

*******FOR OFFICE USE ONLY*******

Date of Baptism: _____ **Name of Priest/Deacon:** _____

Date of Baptism Class: _____ **Sponsor form received for:** Godfather (____) Godmother (____)

Additional Comments: _____
