

Churching Information

Child's Name: _____

Date of Birth: _____

Place of Birth: (Name of Hospital, City) _____

Home Address _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____

Father's Religion: (Melkite, Roman, etc.) _____

Mother's Maiden Name: _____

Mother's Religion: (Melkite, Roman, etc.) _____

Has the child been baptized privately (i.e. – in emergency): _____

Comments (if any):

Father's Signature

Mother's Signature