

St. Mary of Sorrows Baptism Information Form

Please complete this form and return it to St. Mary of Sorrows, 5222 Sideburn Road, Fairfax, VA 22032 Attn: Baptism Coordinator
Please allow a minimum ONE MONTH before a baptism date can be scheduled. Baptisms cannot be scheduled until all information and documentation is provided. Please see the Baptism Information Sheet. For more information, call 703-978-4141.

1. Today's Date _____
2. Name of Child _____
(First) (Middle) (Last)
3. Child's Date of Birth _____ City and State of Birth _____ Sex _____
4. Home Address _____
(Street) (City, State, Zip)
Phone & Email _____
(Father) (Mother)
5. Was Child Adopted? _____
6. Baptized Privately? _____ (e.g., by a lay person in time of crisis)
7. Parish (if other than St. Mary's)* _____
*If you are registered in another parish, that parish must provide a letter giving permission for the baby to be baptized here.
8. Father's Full Name _____ Father's Religion _____
9. Is the Father in agreement with this Baptism? _____ Yes _____ No
10. Mother's Full Maiden Name _____ Mother's Religion _____
11. Is the Mother in agreement with this Baptism? _____ Yes _____ No
12. Were the Parents married by a Catholic Priest/Deacon? _____ Yes _____ No
If no, did you receive permission (dispensation) from the Catholic Church to do so? _____ Yes _____ No
13. Godmother's Name (Catholic) or Female Christian Witness _____ Religion _____
14. Godfather's Name (Catholic) or Male Christian Witness _____ Religion _____
**Church law requires that children to be Baptized have no more than 2 Sponsors (Godparents) or 1 Sponsor and 1 Christian Witness. Only 1 Catholic Sponsor is required. Anyone who is Catholic must provide a Sponsor Certificate or letter from his/her Parish stating that he/she is eligible to be a sponsor. A date will not be scheduled until this information is received.*
15. Will Godparent(s) be represented by Proxy? (*A Proxy is a person who stands in for a Godparent who cannot attend.)
Proxy Name _____ Religion _____
16. Date of Baptism Class you attended at St. Mary of Sorrows Month _____ Year _____
At Another Catholic Church* Name of Church _____
City/State _____
Date of Class _____

*A letter from the Church stating the date you attended the class is needed.

FOR OFFICE USE ONLY

Date of Baptism _____
Celebrant _____
Time and Location _____

For Office Use Only

Registered ()

Baptism Class ()

Sponsor Eligibility: Godmother ()
Godfather ()

Letter of Release for Non-Parishioners ()

Proxy Eligibility: Godmother ()
Godfather ()

Staff Review _____

Clergy Review _____

Date of Baptism _____

Name of Priest/Deacon _____

Comments _____
