

Our Lady of Hope Catholic Church Baptismal Request Form

 *For questions or concerns, you may call Ashley Cristofaro at the parish office: (703) 433-6770*

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**Fathers Full Legal Name Mothers Full Legal Name (Maiden Name)**

***Current Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended a Baptismal Class? \_\_\_\_\_\_\_ Parish Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Baptismal Class Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Every Third Saturday)

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Childs DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Childs Birth Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers Religion?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mothers Sacraments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fathers Religion?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fathers Sacraments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Godfathers Religion / Home Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Godmothers Religion / Home Parish:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Requested**

Baptismal  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sunday 01:30 pm.

**Note**: *This document only serves as a request for a Baptism. Only Father Killian / Father Willard / Parish Deacons have the right to finalize & confirm the baptismal date at Our Lady of Hope. Once confirmed the Parish Administrative Assistant will reach out to you and further go over OLOH Policy.*

Once Signed Return to Parish Admin Assistant

