

St. Rita Catholic Church

3815 Russell Road – Alexandria, VA 22305 – stritaalexandria.com – (703) 836-1640 – aramirez.strita@gmail.com

BAPTISM REGISTRATION

Desired Date of Baptism: _____

Note: All date requests are subject to Father’s schedule and church availability. Baptisms typically take place on Saturday mornings.

Date Baptism Class Taken/Scheduled: _____

Attendance at a Baptism class is mandatory before the baptism can be performed. (If you have already taken a baptism class, you will not need to re-take, simply write when and at which Church you completed the class.) Classes are scheduled individually on a case-by-case basis with Fr. Schierer. Contact the parish office for more information.

Preferred celebrant: *(dependent on their availability)* _____

Please print or type clearly. *This information will be used to prepare the Baptism Certificate and to record the Baptism in our Church Registry.*

Full Name of Child: _____

Child’s Date of Birth: _____ Sex: Male Female

Child’s Place of Birth (City/State): _____

Home Mailing Address: _____

Email Address (both parents): _____

Home Phone: _____ Dad Phone: _____ Mom Phone: _____

FATHER’S FULL NAME: _____

Father’s Religion: _____

MOTHER’S FULL MAIDEN NAME: _____

Mother’s Religion: _____ St. Rita Parishioners? YES NO

Were the parents married by a Roman Catholic Priest, or Protestant Minister/Rabbi with the proper permission? YES NO

Godfather’s Full Name: _____ Catholic? YES NO

Godmother’s Full Name: _____ Catholic? YES NO

Will either godparent be represented by a proxy? YES NO *If yes, Proxy’s name:* _____

Was this child privately baptized? (i.e. in the hospital at birth) YES NO *Adopted?* YES NO

OFFICE USE ONLY: Registered Parishioner? YES NO Date Attended Baptism Class: _____