St. Rita Catholic Church
3815 Russell Road – Alexandria, VA 22305 – stritaalexandria.com – (703) 836-1640 – evail.strita@gmail.com

BAPTISM REGISTRATION

Desired Date of Baptism: _____

Note: All date requests are subject to the priests' 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 at St. Rita, you will not need to take it again. However, if this is your first Baptism at St. Rita, you will need to take the class, even if you have taken a class at another parish.) Classes are scheduled individually on a case-by-case basis with Fr. Will. Contact the parish office for more information.

Preferred celebrant *(dependent on the priest's 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): _____

Mailing Address (Street Address): _____

City:_____ State:_____ Zip Code:_____

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: _____