



**Church of the Nativity**  
6400 Nativity Lane, Burke VA 22015  
703-455-2400

Date form was filled out \_\_\_\_\_

**APPLICATION FOR BAPTISM**

**NAME OF CHILD:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M / F  
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (Please Circle)

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_  
(Please provide a copy of the birth certificate) (CITY) (STATE)

HOME ADDRESS \_\_\_\_\_  
(NUMBER) (STREET)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

HAS THE CHILD BEEN PRIVATELY BAPTIZED? Yes ( ) No ( ) ADOPTED? Yes ( ) No ( )

**PARENT INFORMATION:** ARE YOU REGISTERED AT NATIVITY PARISH Yes ( ) No ( )

FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_  
(FIRST, MIDDLE, & MAIDEN NAME)

MARITAL STATUS OF PARENT(S): (MARRIED / SINGLE / DIVORCED) – (Please Circle)

Married by Catholic Priest/Deacon? Yes ( ) No ( ). If Yes, Church/City, State \_\_\_\_\_

**BAPTISM PREPARATION CLASS:** Date of Class \_\_\_\_\_ (Please call office to schedule)

**GODPARENTS:** (Catholic Godparents need to provide a certificate of eligibility. They would get this certificate from the Parish where they are registered.)

GODFATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ Nativity Parishioner Y/N

GODMOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_ Nativity Parishioner Y/N

EITHER GODPARENT REPRESENTED BY PROXY? \_\_\_\_\_ WHICH ONE? \_\_\_\_\_

**GODPARENT REQUIREMENTS:** A Godparent is a practicing Catholic who is baptized and confirmed and if married, the marriage is recognized in the Catholic Church. The Godparents help the child grow in the Catholic faith.

1. There must be at least one Godparent. If two, one must be male and one female.
3. The maximum number of Godparents is two.
4. A Godparent is 16 years of age.
5. A Godparent must have already received the sacrament of: Baptism, Confirmation and Eucharist.
6. A baptized Christian non-catholic may not be a Godparent but may act as a "Christian witness".
7. Non- baptized persons may not officially act as a godparent or be a Christian witness to the Baptism of a child in the Catholic faith

REQUESTED DATE FOR THE BAPTISM \_\_\_\_\_ (We will be contacting you.)

NAME OF PERSON WHO FILLED OUT THIS FORM \_\_\_\_\_

**FOR OFFICE USE**

Registered Nativity Parishioner ( ) Certificates of eligibility received: ( ), ( ) Copy of Birth certificate received ( )

DATE OF BAPTISM \_\_\_\_\_ PRIEST OR DEACON \_\_\_\_\_

