

BAPTISM INFORMATION FOR ST. DEMETRIOS GREEK ORTHODOX CHURCH

815 NE 15th Avenue, Fort Lauderdale, Florida 33304

Phone: (954) 467-1515 ♦ Fax: (954) 467-0212

PLEASE COMPLETE APPLICATION and RETURN TO THE CHURCH OFFICE

AS SOON AS POSSIBLE.

Father

Name: _____
(First) (Middle) (Last)

Address: _____

City, State, Zip: _____

Place of Birth: _____

Phone(s): Home: _____ Work: _____

Cell: _____

Email Address: _____ Steward of St. Demetrios: _____

(mm/dd/yyyy)

Mother

Name: _____
(First) (Middle) (Last)

Address: _____

City, State, Zip: _____

Place of Birth: _____

Phone(s): Home: _____ Work: _____

Cell: _____

Email Address: _____ Steward of St. Demetrios: _____

(mm/dd/yyyy)

Child

Baptismal Name: _____
(English) (Greek)

Date of Birth: _____

Place of Birth: _____

Godfather/Godmother

Name: _____
(First) (Middle) (Last)

Address: _____

City, State, Zip: _____

Phone(s): Home: _____ Work: _____

Cell: _____

Email Address: _____

Parish Membership (Parish Name/City/State):

Baptism Date: _____
(mm/dd/yyyy) (Time)