



Date Received: _____
For Office Use Only

FORT BELVOIR CATHOLIC COMMUNITY BAPTISMAL CERTIFICATE INFORMATION FORM

This form is only for children being baptized at Ft. Belvoir

EXPECTED DATE OF BAPTISM: _____ (Baptisms are scheduled the fourth Sunday of each month after the 9:15 Mass in the Woodlawn Chapel- except Christmas)

PLEASE PRINT ALL INFORMATION:

Name of person to be baptized: _____
FIRST MIDDLE LAST

Date of birth: _____ **Age (put age on appropriate line below):**

Newborn (to age 1) _____ Infant (1-6 yrs) _____
Children over the age of 7 must contact Sister Michael (703-806-3418)

Place of Birth (city/state): _____

Residence: _____
STREET ADDRESS CITY/STATE/ZIP

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Father's Full Name: _____

Father's Religion: _____

Mother's Full Name (Maiden Name): _____

Mother's Religion: _____

Branch of Service: _____ (Check one): Active Duty Retired

Were the child's parents married in the Catholic Church? Y _____ N _____

If *no*, are you interested in having your marriage convalidated (Blessed) in the Catholic Church?

Y _____ N _____

Godfather's Name: _____ (Catholic)

Godmother's Name: _____ (Catholic)

Will either Godparent be represented by proxy? Y _____ N _____

If so, name(s) of proxy: _____

Notes:

- Godparents must meet Canon Law requirements (must be 16 and confirmed; currently registered in a parish and attend Mass regularly; *IF* married, must be a valid Catholic marriage)
- Non-registered members of Ft. Belvoir wishing to be Godparents must provide a letter of good standing from their local parish

This form, once completed, must be returned to the Parish Coordinator in the Woodlawn Chapel office or via email, FBCCinfo@gmail.com.