



**ST. NECTARIOS CHURCH & SHRINE**

20340 E. Covina Blvd., Covina, CA 91724-1608

Office Phone # (626) 967-5524, Fax # (626) 967-0655, Email:

[stnectarioschurch@gmail.com](mailto:stnectarioschurch@gmail.com)

**Baptism Form**

**INFORMATION FOR THE BAPTISM OF** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Please supply the following information as it will appear on your child's Birth Certificate.**

Father's Full Name: \_\_\_\_\_  
Father's Birthplace: \_\_\_\_\_  
Mother's First & Maiden Name: \_\_\_\_\_  
Mother's Birthplace: \_\_\_\_\_  
Current Street Address: \_\_\_\_\_  
City State Zip Code: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_

=====

**CITY OF CHILD'S BIRTH:** \_\_\_\_\_  
**DATE OF CHILD'S BIRTH:** \_\_\_\_\_  
**CHILD'S NAME AS WRITTEN ON BIRTH CERTIFICATE:** \_\_\_\_\_  
**BAPTISMAL NAME IF DIFFERENT IN GREEK:** \_\_\_\_\_

=====

Father's Faith: \_\_\_\_\_  
Mother's Faith: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_  
Place of Marriage: \_\_\_\_\_  
Name of Sponsor (Godparent): \_\_\_\_\_  
Street Address of Sponsor: \_\_\_\_\_  
City State Zip Code: \_\_\_\_\_  
Sponsor's Parish: \_\_\_\_\_

**IMPORTANT NOTE:**

Sponsors must be of the Orthodox Faith. Sponsors must be free of Canonical impediment. (If married, the Sponsor must have been married in the Orthodox Faith). If Sponsor comes from another Parish, a letter from the Priest of that Parish must be requested carrying the stewardship number and certifying the eligibility to act as Sponsor.

**Please complete and return as soon as possible, along with your payment check for set-up & cleaning to:**

**St. Nectarios Greek Church and Shrine – Administration Office**

**20340 East Covina Blvd., Covina, CA 91724**

**Phone: (626) 967-5524**

**(Note: Steward Membership's benefits are applied thus fee will be minimal)**