



Sts Kiril & Metodij
Macedonian Orthodox Church

Baptism/Christening Application

WillowBrook IL USA

We would like to Baptize/Christen our child in the Macedonian Orthodox Church “ STS KIRIL I METODIJ “
at _____ am/pm on ____/____/20____

Child Information

First and Last name: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Date of Birth: ____/____/_____
Country of Birth: _____ Sex _____

Father Information

First and Last name: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Telephone No.: () _____ - _____ E-Mail Address: _____
Date of Birth: ____/____/_____
Country of Birth: _____ Religion _____
Nationality _____
Baptized in Orthodox Church? YES/NO
Married in Orthodox Church? YES/NO

Mother Information

First and Last name: _____
Baptized in Orthodox Church? YES/NO
Married in Orthodox Church? YES/NO

God Father Information

First and Last name: _____
Baptized in Orthodox Church? YES/NO
Married in Orthodox Church? YES/NO

Father Signature: _____ **Mother Signature:** _____ **Today Date** ____/____/20____