

Information Needed for Baptismal Certificate

St. John the Baptist Greek Orthodox Church
2418 W. Swann Ave
Tampa, FL 33609
Phone: 813-876-8830 Fax: 813-443-4899

Baby's Name (First, Middle, Last, as it appears on the Birth Certificate)

Male

Female

Date of Birth: _____
(Month, Day, Year)

Place of Birth: _____
(City, State, Country)

Date of Baptism: _____
(Month, Day, Year)

Baptismal Name: _____

Father's Name: _____

Mother's Name: _____
(Maiden Name)

Father's Birthplace: _____
(City, State, Country)

Mother's Birthplace: _____
(City, State, Country)

Father's Faith: _____

Mother's Faith: _____

Current Address:

Street

City, State, Zip

Godparents' Name: _____

Godparents' Address: _____
Street

City, State, Zip

Wedding Performed by: _____

Civil Official

Orthodox Priest

Minister

Date of Wedding: _____
(Month, Day, Year)

Place of Wedding: _____
(Church, City, State)