

Date forms sent _____

For office use

Date logged in registry _____

Date forms/check returned _____

Date confirmation letter sent _____

Date certificate prepared _____

St. John Armenian Church

22001 NORTHWESTERN HIGHWAY, SOUTHFIELD, MI 48075

PHONE (248) 569-3405

FAX (248) 569-0716

E-mail: office@sjachurch.org

APPLICATION FOR BAPTISM AND CHRISMATION

Name of Candidate for Baptism _____
_____ First Middle Last

Place of Birth _____ Date of Birth _____ Gender _____
City and State Month Day Year

Pre-Baptism meeting held 20 minutes prior to Baptism

Place of Baptism St. John's Armenian Church, Southfield MI Day _____ Date _____ / _____ / _____
Time _____ Month Day
Year

Father's Name _____ Place of Birth _____
First Middle Last City and State

Father's Faith & Place of Baptism _____ Date of Baptism _____

Mother's Name _____ Place of Birth _____
First Middle Maiden City and State

Mother's Faith & Place of Baptism _____ Date of Baptism _____

Parents' Residence _____
Number and Street City State Zip

Phone (Home) _____ (Cell) _____ (Work) _____ e-mail _____

At least one Godparent must be a member of the Armenian Apostolic Orthodox Church Diocesan Directive #732

Godfather's Name _____ Faith, Parish, Place & Date of Baptism _____

Relationship to Child _____

Godfather's Address _____
Number and Street City State Zip

Godmother's Name _____ Faith, Parish, Place & Date of Baptism _____

Relationship to Child _____

Godmother's Address _____
Number and Street City State Zip

Officiating Clergy: V. Rev. Fr. Aren Jebejian Assisted by: _____

This application is to be submitted to the Church Office two months prior to the Baptism. If you are not a dues paid member of St. John Armenian Church, please also submit with this application, the processing fee of \$300.00, payable to St. John Armenian Church, for Baptism forms and certificate. Please see attached Baptismal Guidelines.