



ՍՈՒՐԲ ՍՏԵՓԱՆՈՍ ՀԱՅԱՍՏԱՆԵԱՅՑ ԱՌԱՔԵԼԱԿԱՆ ԵԿԵՂԵՑԻ
SAINT STEPANOS ARMENIAN APOSTOLIC CHURCH

1184 Ocean Avenue, Long Branch, New Jersey, 07740

e-mail: stepanoschurch@aol.com Phone/Fax: 732-229-3661 www.stepanos.org

BAPTISM & CONFIRMATION FORM

I, the undersigned _____ request the privilege of
BAPTISM & CONFIRMATION SACRAMENTS FOR:

Name of Candidate _____

Date & Time of intended Baptism _____

1. Place & Date of Birth _____

2. Name of Father _____

3. Name & Maiden Name of Mother _____

6. Parents Address _____

7. Name of Godfather _____

8. Godfather's Address _____

9. Name of Godmother _____

10. Godmother's Address _____

11. Signature of Person Requesting Baptism _____

Dues paid Member / Non-Member Dues Paid Member of St. Stepanos Armenian Church

Address: _____ City _____

State _____ Zip _____ Phone _____ email: _____