Holy Trinity Greek Orthodox Church 4070 Park Avenue – Bridgeport, CT 06604 203-374-5561

Please bring or mail in the following items with this completed form.

- 1. Child's birth Certificate.
- 2. Godparent's baptismal certificate OR letter of proof.
- 3. \$550 OR Letter of Good Standing from their home parish for Godparents.
- 4. \$350 Sacrament Fee (Non-Stewards only This is not Stewardship).
- 5. \$150 Chanter Fee
- 6. \$150 Caretaker Fee

PLEASE NOTE THAT THE SACRAMENT DATE CANNOT BE BOOKED UNTIL THIS FORM AND THE ABOVE ITEMS ARE RECEIVED.

BAPTISMAL INFORMATION FORM

Requested Date of Baj	otism
Address	
Father's Place of Birth	Phone #
Father's Religion	
Mother's Maiden Name	2
	Phone #
	Wedding information
Where did Parent's marriage take place	
	Date of Wedding

INFORMATION ABOUT THE CHILD

Name	(Greek)
	IATION ABOUT THE SPONSOR
Name	
	phone#
IF MARRIED:	
	ng took place
Address of Church	
Name of Priest	
Divorced: YesNo	
If yes, was there an Ecclesiastic	cal divorce granted? Yes No
Requ	ired Items for Baptism
 One large Candle Bottle of Olive Oil Baptismal Cross One White Sheet 	6. One small Towel7. One Bar of Soap8. Two Small Candles9. Baptismal Clothes for Child

PLEASE BE ON TIME

5. One Large Tower