



ST. KEVORK ARMENIAN CHURCH OF OREGON



BAPTISM APPLICATION

(Please type or print. Return completed application to the St. Kevork office)
Contact: Deacon Varoujan Gazarian Tel: 503 851 9672

For Office Use only:
Certificate # _____

Date of Baptism ____/____/____
Time _____

Name of Baptized _____

Place of Birth _____ Date of Birth ____/____/____

Place of Baptism: St. Kevork Armenian Church/Other

Name of Father: _____

Name of Mother: _____

Family Address: _____

Telephone # _____

Godfather: _____

(Godparent must be a baptized in the Armenian Apostolic Church)

Officiating Clergy: _____

Language of service: Armenian; English

Requested by: _____ Relationship to baptized: _____

Date: ____/____/____ Signature: _____

Suggestion Donation: \$300

Hall: \$300 (includes cleaning fee)

(It is customary to acknowledge the officiating priest and assisting deacon separately.)