

Baptism/Christmation Form



Our Lady of Lebanon

Maronite Catholic Church

Lombard, IL

Child's Name: _____

Last Name: _____

Date of Birth: _____

Place of Birth: _____

Date/Time of Baptism: _____

Age of Child: _____

Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Father's Name: _____

Mother's Name: _____ Maiden Name: _____

Godfather's Name: _____

Godmother's Name: _____

Christmation Name (*optional*): _____