

## REQUEST FOR OUT-OF-PARISH BAPTISM

Name of child \_\_\_\_\_  
(first) (middle) (last)

Father's name \_\_\_\_\_  
(first) (middle) (last)

Mother's name \_\_\_\_\_  
(first) (middle) (last)

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_

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Name of Parish where Baptism is to take place: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's name \_\_\_\_\_

Date of Baptism \_\_\_\_\_

*Additional Comments: (name of parish contact, etc. if applicable)*

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Please return form to: Saint Theresa Catholic Church  
21370 Saint Theresa Lane  
Ashburn, VA 20147  
(Tel) 703-729-2287

Or Email to: Office@sainttheresaparish.com