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ARMENIAN APOSTOLIC CHURCH OF COLORADO

Rev. Father Yeremia Khachatryan – Parish Priest

BAPTISM APPLICATION FORM

(Please type or print. Return completed application to Ani Babaian email: armchurchdenver@gmail.com)

For Office Use only: Certificate # _____
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Date of Baptism ____/____/____

Time _____

Full Name of Baptized (1) _____ Date of Birth ____/____/____

Full Name of Baptized (2) _____ Date of Birth ____/____/____

Location of Birth: _____

Location of Baptism:

St. Catherine Greek Orthodox Church; Sanctuary Only Sanctuary + Hall

Other location requested (*only with Priest's approval*) _____

Officiating Clergy: Rev. Father Yeremia Khachatryan; Other Clergy (*only with Priest's approval*)

Language of service: Armenian; Russian; English _____

Name of Father: _____ Phone #: _____

Name of Mother: _____ Phone #: _____

Family Address: _____

Godfather: _____ Godmother: _____

(Godparent must be baptized in the Armenian Apostolic Church)

Requested by: _____ Signature: _____

Date: ____/____/____ Relationship to baptized: _____

DONATIONS FOR BAPTISM

(Donations have been suggested and approved by Parish Council 2024)

Church Service	\$300 for 1 child	
Church Service	\$400 for more than 1 child	
Total		

For Questions, please contact Ani Babaian (303) 915 - 2426

www.coloradoarmenianchurch.com | armchurchdenver@gmail.com