

ደብረ ገነት አማኑኤል የኢትዮጵያ ኦርቶዶክስ ተዋህዶ ቤተክርስቲያን
Debre Genet Amanuel Ethiopian Orthodox Tewahedo Church
15 Dean St, West Orange, NJ, 07052

የመዝገብ ቁጥር: _____
File number

ቀን: _____
Date

የጥምቀት ቅፅ

Baptism Form

Section 1: Information About Child

ስም: _____
Name of Child First name Middle name Last name

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

Section 2: Information about Parents

Residence: _____
Street Address

_____ City State Zip Code

Phone Number: _____

E-mail: _____

Father's Name: _____ Ethiopian Orthodox? Yes: ____ No: ____
First Last

Mother's Name: _____ Ethiopian Orthodox? Yes: ____ No: ____
First Last

Church of Marriage: _____ Name of Priest: _____

Section 3: Godparents

Godfather: _____ Faith: _____

Godmother: _____ Faith: _____

Section 4 (For Church Office Use)

Date of Baptism: ____ / ____ / ____ Place of Baptism: _____

Priest: _____

Baptism Fee: Paid: \$ _____ Date: ____ / ____ / ____