



The Falls Church Episcopal
115 East Fairfax Street
Falls Church, VA 22046
(703) 241-0003
www.thefallschurch.org

Baptism Point of Contact: Rev. Kelly Moughty
Associate Rector
Email: kmoughty@thefallschurch.org
Phone: 703-241-0003 ext. 4410

Request for Holy Baptism of an Infant or Child – Part I

Full Legal Name of Infant or Child Being Baptized: _____

Gender: _____ Date of Birth: _____ Place of Birth: _____

Parent #1 Full Legal Name: _____

Religious Background: ___ Baptized ___ Confirmed/Received Denomination: _____

Parent #2 Full Legal Name: _____

Religious Background: ___ Baptized ___ Confirmed/Received Denomination: _____

Mailing Address: _____

Home Phone: _____ Cell Phone(s): _____

Email(s): _____

Sibling Name(s), Date(s) of Birth and Date(s) of Baptism:

Are you members of The Falls Church Episcopal? _____ If you are members of another congregation, has approval been given by the rector of that parish for this baptism to take place? _____

The Episcopal Church requires that parents and godparents “are to be instructed in the meaning of Baptism, in their duties to help the new Christians grow in the knowledge and love of God, and in their responsibilities as members of his Church.” (Book of Common Prayer, page 298) At The Falls Church Episcopal, this instruction takes place in a preparatory meeting with our family minister and at a pre-baptism rehearsal with a priest. To reserve a preparation time, contact our Associate Rector, Rev Kelly Moughty, at kmoughty@thefallschurch.org or 703-241-0003 ext 4410.

Preferred Baptism Date(s) and Service Time: _____