



SAINT SOPHIA GREEK ORTHODOX CHURCH
440 WHITEHALL ROAD ALBANY, NY 12208-1520
TEL. (518) 489-4442 FAX (518) 489-0374
WEBSITE: WWW.STSOPHIAALBANY.ORG
† **REV. FATHER PATRIC LEGATO, PROISTAMENOS**

- 1.
- 2.

REQUEST FOR CHURCH SACRAMENTS

Contact First Name: Last Name:
Street Address: City:
State: Zip Code: Phone Number (specify cell or home):

SACRAMENT INFORMATION

Date of Request: Prepared By: Date of Sacrament:
Time: AM PM Sacrament Type: Baptism Wedding Memorial Other*

*Please Specify if Selected Other:

<p>Child's Name: <input type="text"/></p> <p>Name of Parents: <input type="text"/></p> <p>Street Address (If different from above): <input type="text"/></p> <p>City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/></p> <p>Name of Sponsor(s): <input type="text"/></p> <p>List Church you are a Member of: <input type="text"/></p> <p>Are you a Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>	<p>Bride's Name: <input type="text"/></p> <p>Groom's Name: <input type="text"/></p> <p>Street Address (If different from above): <input type="text"/></p> <p>City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/></p> <p>Name of Sponsor(s): <input type="text"/></p> <p>List Church you are a Member of: <input type="text"/></p> <p>Are you a Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>
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MEMORIAL

In Memory or Honor of: 40 Day Memorial Years
Will Provide: Koliva Prosforo Other (please specify)
 Will Sponsor Coffee Hour Amount Paid: \$ Date Recorded by (please print Name & Date):

Approved and Signed by Rev. Father Patric Legato Date:

Approved and Signed by Financial Secretary Date:

PLEASE NOTE: ONE OF THE PRINCIPALS AND ONE SPONSOR MUST BE A "MEMBER IN GOOD STANDING" IN THE GREEK ORTHODOX CHURCH FOR WEDDINGS AND BAPTISMS. MUST HAVE COPY OF ORIGINAL BIRTH CERTIFICATE FOR BAPTISMS/CHRISMATIONS.