

Request for Baptism
Good Shepherd Catholic Church

Baptismal Date: _____

Full Name of Child: _____

Male: _____ Female: _____ Date of Birth: _____ City of Birth: _____

Is one of the parents a registered member of Good Shepherd Parish: Yes _____ No _____

Full Name of Father: _____

Father's Religious Affiliation: _____ Practicing: _____ Non-Practicing _____

Mailing Address: _____

City, State, Zip: _____

E-Mail Address: _____ Phone Number: _____

Full Name of Mother: _____ Maiden Name: _____

Mother's Religious Affiliation: _____ Practicing: _____ Non-Practicing _____

Mother's Mailing Address (if different): _____

E-Mail Address: _____ Phone Number: _____

Are Parents Married: Yes _____ No _____ If not, who has legal custody: _____

Name of Godfather: _____

Godfather's Religious Affiliation: _____ Practicing: _____ Non-Practicing _____

Age: _____ And if Catholic (Y/N): Baptized _____ First Communion _____

Confirmation _____ Catholic Marriage _____

Name of Godmother: _____

Godmother's Religious Affiliation: _____ Practicing: _____ Non-Practicing _____

Age: _____ And if Catholic (Y/N): Baptized _____ First Communion _____

Confirmation _____ Catholic Marriage _____

Was the child previously baptized: Yes _____ No _____

Celebrant: _____ Fr. Zach _____