

Good Shepherd Parish Baptismal Application Form

PARENTS PLEASE PRINT CLEARLY-USE FULL NAMES-NO INITIALS

| | | |
|----------------------------|---------------------|------|
| Name of Child _____ | | |
| First | Middle | Last |
| Date of Birth _____ | City of Birth _____ | |
| Home Address _____ | | |

| | | | |
|--|--------|-------------|------|
| Father's Name _____ | | | |
| First | Middle | Last | |
| Address _____ | | Phone _____ | |
| Religion/Denomination _____ | | | |
| Mother's Name _____ | | | |
| First | Middle | Maiden | Last |
| Address _____ | | Phone _____ | |
| Religion/Denomination _____ | | | |
| Married ____ Single ____ Divorced ____ Separated ____ Widow ____ Widower ____ | | | |
| If married, married by? Priest ____ Justice of the Peace ____ Other ____ Explain _____ | | | |
| If Divorced, Annulled? Yes ____ No ____ Remarried? Yes ____ No ____ | | | |

| | | | |
|----------------------------------|--------|-------------|------|
| Godmother's Name _____ | | | |
| First | Middle | Maiden | Last |
| Address _____ | | Phone _____ | |
| *Church/Parish Affiliation _____ | | | |
| Godfather's Name _____ | | | |
| Address _____ | | Phone _____ | |
| *Church/Parish Affiliation _____ | | | |

Your e-mail address: _____

Please call the Office of Faith Formation with any question and to register for the Baptism Preparation session you wish to attend. Call Donna Caron at 282-4812 ext.113
 e-mail donna.caron@portlanddiocese.org

Please note that the office is closed on Friday.

Please make sure you return this form along with the parish registration..

For Office Use Only

Date of Baptism _____ Officiated By _____