

Good Shepherd Parish Baptismal Application Form

PARENTS PLEASE PRINT CLEARLY - USE FULL NAMES - NO INITIALS

| | | |
|-------------------------------|---------------------------------|-------------|
| Name of Child _____ | | |
| First | Middle | Last |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Date of Birth _____ | City of Birth _____ | State _____ |
| 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 _____ | | |
| E-mail Address _____ | | Phone _____ |
| *Church/Parish Affiliation _____ | | |
| Address _____ | | |
| Godfather's Name _____ | | |
| First | Middle | Last |
| Address _____ | | |
| E-mail Address _____ | | Phone _____ |
| *Church/Parish Affiliation _____ | | |
| Address _____ | | |

Your e-mail address: _____

Please call the Office of Faith Formation with any questions 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 _____