

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 _____