

CHURCH OF THE GOOD SHEPHERD
Baptismal Registration Form

FULL NAME OF CHILD: _____
(as it will appear on certificate)

Date of Child's Birth: _____ Place of Birth: _____ & _____
City State

Has this child been baptized before? YES ___ NO ___ What number child is this in the family: _____
Are other children baptized Catholic? YES ___ NO ___

Have you been through this program before? YES ___ NO ___ If yes, date: ____/____/____

PARENT/FATHER'S NAME: _____

Religion: _____ Has Received: ___ Baptism ___ Communion ___ Confirmation

PARENT/MOTHER'S NAME: _____ Maiden Name: _____

Religion: _____ Has Received: ___ Baptism ___ Communion ___ Confirmation

Address: _____ City/State: _____ Zip Code: _____

Telephone: (____) _____ E-mail: _____

Married By Catholic Church? YES ___ NO ___ Civil Marriage? YES ___ NO ___ Living Together? YES ___ NO ___

Name of Church: _____ Date of marriage: ____/____/____

Location of Marriage: _____ Married by Whom: _____
(City & State)

How long have you lived in parish? _____ Do you attend mass regularly? YES ___ NO ___
Are You Registered in this Parish? YES ___ NO ___ Are you involved in parish ministry? YES ___ NO ___
If yes, which one(s)? _____

Baptism canceled (date): ____/____/____ Canceled by: _____
___ mother ___ father (Signature)

GODFATHER'S NAME: _____ Religion: _____

Married/Name of Church: _____ Single/Name of Church Confirmed: _____

GODMOTHER'S NAME: _____ Religion: _____

Married/Name of Church: _____ Single/Name of Church Confirmed: _____

OFFICE USE ONLY

Copy of Birth Certificate provided: YES ___ NO ___ Date of Baptism Class: ____/____/____

Date of Baptism: ____/____/____ English ___ Spanish ___ Celebrant: ___ Fr. Peter ___ Deacon Alberto

Cancelled/Refund Issued/Mailed: ____/____/____ Other: Fr./Deacon _____

Amount Paid: \$ _____ Date Paid: ____/____/____ Cash: ___ Check No: _____ Credit/ATM: ___ Receipt No: _____

Recorded Date: ____/____/____ Baptismal Register Book No. _____ Recorded by: _____