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: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has Received: \_\_\_ Baptism \_\_\_ Communion \_\_\_ Confirmation**

**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)**

**OFFICE USE ONLY**

**Copy of Birth Certificate provided: YES \_\_\_ NO \_\_\_ Date of Baptism Class****: / / \_**

**Date of Baptism: / / \_ \_\_\_ English \_\_\_ Spanish Celebrant: \_\_\_ Fr. Thi \_\_\_ Fr. Arn \_\_\_ Deacon Alberto**

**Cancelled/Refund Issued/Mailed: / / \_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_**

**Amount Paid: $\_\_\_\_\_\_\_ Date Paid: / / Cash: \_\_\_ Check No: \_\_\_\_\_\_\_ Credit/ATM: \_\_\_ Receipt No: \_\_\_\_\_**

**Recorded Date: / / \_ Baptismal Register Book No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recorded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**