

Good Shepherd Catholic Community
Initial Information for Infant Baptism (*Infant – 6 years old*)

Full Name of Child _____ Sex: M ___ F ___
Last First Middle

Date of Birth _____ City & State of Birth _____
(MM / DD / YYYY)

Requested Date/Month of Baptism _____ (Not during normal Weekend Liturgies)

Is the child to be Baptized due to an emergency? (circle one) Yes No

Was the child adopted? Yes No

PARENT(S) INFO	Father's Full Name _____
	Father's Religion _____ Parishioner at Good Shepherd? Yes No
	Mother's Full Name _____ Maiden _____
	Mother's Religion _____ Parishioner at Good Shepherd? Yes No
	For Catholic(s), are you following the sacramental guidelines of the Roman Catholic Church by: (circle one)
	Attending Mass regularly? Yes No Married in the Roman Catholic Church? Yes No Not Married
	Address (street) _____
	City, State and Zip _____
Email _____ Home Phone _____	
Father Cell _____ Mother Cell _____	

GODPARENT(S) INFO	Godfather's Full Name _____
	Godfather's Religion _____ Parishioner at Good Shepherd? Yes No
	If Catholic, is he following the sacramental guidelines of the Roman Catholic Church by: (circle one)
	Attending Mass regularly? Yes No Married in the Roman Catholic Church? Yes No Not Married Confirmed? Yes No
	Godmother's Full Name _____
	Godmother's Religion _____ Parishioner at Good Shepherd? Yes No
	If Catholic, is she following the sacramental guidelines of the Roman Catholic Church by: (circle one)
	Attending Mass regularly? Yes No Married in the Roman Catholic Church? Yes No Not Married Confirmed? Yes No
If Godparent(s) cannot be present for the Baptism,	
Name of Proxy (ies) _____	

FOR OFFICE USE ONLY	
Date attended Baptismal Prep Class _____ at _____	
Date of Baptism _____ Mass _____ Minister _____	
Volume/Page/Line in Permanent Record Book _____	Entered in Planning Center _____