

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)

****Date Requested must be a minimum of three weeks advance notice from submitting all completed paperwork.****

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 _____

Mother's Full Name _____ Maiden _____

Mother's Religion _____

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

Address (street) _____

City, State and Zip _____

Email _____ Home Phone _____

Father Cell _____ Mother Cell _____

GODPARENT(S) INFO

Godfather's Full Name _____

Godfather's Religion _____

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 Confirmed? Yes No

Godmother's Full Name _____

Godmother's Religion _____

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 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 _____