

Good Shepherd Catholic Church

9539 Racquet Court, Elk Grove, CA 95758
916.684.5722 • Fax 916.684.4472

BAPTISMAL INFORMATION

Please Print. This information is for permanent Church records

*Child's Name: _____

Baptismal Name: _____

Date of Birth: _____ City of Birth: _____

*Father's Name (First, Last): _____

Sacraments received by Father (Please check appropriate responses):

BAPTISM: YES ___ NO ___ **HOLY COMMUNION:** YES ___ NO ___ **CONFIRMATION:** YES ___ NO ___

*Mother's Maiden Name (First, Last): _____

Sacraments received by Mother (Please check appropriate responses):

BAPTISM: YES ___ NO ___ **HOLY COMMUNION:** YES ___ NO ___ **CONFIRMATION:** YES ___ NO ___

*Parents' Home Address: _____

(Street)

(City)

(State, Zip)

Telephone: _____

(Home)

(Work)

(Cell)

E-mail address: _____

*Church of Marriage: _____ Date _____

Is your marriage recognized by the Catholic Church? YES ___ NO ___

If NO, name of denomination (if applicable): _____

Civil Ceremony (if applicable): _____ Not Married (If applicable): _____

One **Godparent** must meet the Diocesan regulation of being Catholic, meaning he/she has received the Sacraments of Initiation (including Confirmation), married in the church (if applicable), attends church regularly, and is at least 16 years old. If the other Godparent is not Catholic, please mark "Christian Witness".

*Godmother's Name: _____

Catholic: YES ___ NO ___

Christian Witness: YES ___

*Godfather's Name: _____

Catholic: YES ___ NO ___

Christian Witness: YES ___

Are there other school-aged children in your household enrolled in the Good Shepherd Parish Religious Education Program? YES ___ NO ___

If applicable, would you like to be contacted about enrolling a child in the program? YES ___ NO ___ N/A ___

FOR OFFICE USE ONLY

Date Baptism Preparation class completed: _____ Payment received by: _____

Baptism scheduled for: _____ Couple registered in parish? YES ___ NO ___