



The Church of the Good Shepherd

Holy Baptism Information Form

Desired date for baptism _____

Baptismal Candidate

Full name _____

(Goes by) _____ Boy _____ Girl _____

Date of birth _____ Place of birth _____

Parents

Father's name _____

Religious affiliation of father _____

Mother's name _____

Religious affiliation of mother _____

Contact Information

Address _____

City _____ State _____ Zip _____

Email _____ Phone number _____

Godparents/Sponsors

Please name 1-3 baptized Christian(s) to serve as (a) godparent(s).

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____