

DATE REQUESTED: \_\_\_\_\_



## APPLICATION FOR BAPTISM

Please print all information clearly in CAPITAL letters. Thanks!

# Church of the Good Shepherd

505 N. Bedford Drive, Beverly Hills, CA 90210-3298 Telephone: (310) 285-5425 FAX: (310) 285-5433

CHILD'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MOTHER' MAIDEN NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

CURRENT RESIDENCE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE NUMBER (AREA CODE): \_\_\_\_\_ NUMBER: \_\_\_\_\_

CELL NUMBER (AREA CODE): \_\_\_\_\_ NUMBER: \_\_\_\_\_

**ARE YOU MARRIED THROUGH THE CATHOLIC CHURCH?**

YES: \_\_\_\_\_ NO: \_\_\_\_\_

**ARE YOU CURRENT PARISHIONERS OF GOOD SHEPHERD?**

YES: \_\_\_\_\_ NO: \_\_\_\_\_

REGISTRATION NUMBER?: \_\_\_\_\_

**WHOM ARE YOU CHOOSING AS GODPARENTS?**

NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_