Baptismal Worksheet

Date for Baptism____ ____ _____ Service 9:00am or 11:30am
dd mm yyyy (Please circle one)

Pastor Leading_____
(Pastor: Print your name completely as you would like it to appear in the Parish Register for all posterity!)

Pastor (or others) Assisting _____
(Pastor: Print the name(s) as they want them recorded in the Parish Register)

Location of Baptism Good Shepherd LC OR _____
(other location agreed upon)

Child's Full Name _____
(First) (Middle) (Last)

Father's Full Name_____
(First) (Middle) (Last)

Mother's Name _____
(First) (Middle) (**MAIDEN**) (Last)

Parents' Residence _____
(City) (State)

Parents' Membership at GSLC Father? Yes No Mother? Yes No

Child's Date of birth _____ _____ _____
dd mm yyyy

Child's Place of birth _____
(City) (State)

Sponsor's Names (a) _____
(First) (Last)

(b) _____
(First) (Last)

(c) _____
(First) (Last)

(d) _____
(First) (Last)

Office Use: Register #_____ Entered into Shepherd's Staff on_____

Entered into Parish Register on_____

by_____