# Good Shepherd Parish

St. Stephen Church Church of St. Henry Church of Our Lady of Good Counsel 1025 Napoleon Avenue 803 General Pershing Street 1307 Louisiana Avenue

# **Baptismal Application**

Full Name of Child:				Male	/Female
Date of Birth: Pl					
Family Address:					
Family Phone Numbers: (H):					
Father's Full Name:					
Father's Religion:					
Mother's Full Name(Maiden):					
Mother's Religion:					
Are you registered parishioners of Good Shepherd Par	rish?		Yes	No	
If not, at which parish are you registered?					
If you are not a Good Shepherd Parish parishioner, ha to have the baptism take place in Good Shepherd Pari	•	ined a lett	ter of permiss Yes	sion from you No	r pastor
Are you married? Yes					
Were you married by a Catholic priest or deacon?			Yes	No	
Date of Marriage:Location	of Marriage	:			
Has the child ever been baptized privately due to illne	ss, danger o	of death, o	r any other re	eason? Yes	No
Please answer Yes or No to the following: Have you received the following sacraments?	FATH	ER	MOTHI	ER	
Baptism	Yes	No	Yes	No	
Holy Eucharist	Yes	No	Yes	No	
Confirmation	Yes	No	Yes	No	
Do you attend Sunday Mass regularly?	Yes	No	Yes	No	
Do you frequent the sacrament of Reconciliation?	Yes	No	Yes	No	

GODPARENTS						
Godfather/Witness's Name: _						 
Date of Baptism:			_Location of Baptism:			
Is he a practicing Catholic?	Yes	No	Has he been Confirmed?	? Yes	No	
Over 16 years of age? Yes No						
If not Catholic, what religion?						 
Godmother/Witness's Name:						 
Date of Baptism:			Location of Baptism:			 
Is she a practicing Catholic?	Yes	No	Has she been Confirmed	l? Yes	No	
Over 16 years of age? Yes No						
If not Catholic, what religion?						 
Will either godparent/witness	be re	present	ed by proxy? Ye	S	No	
Name of proxy:						
Have you previously attended	l a bap	tismal s	eminar? Ye	S	No	
If yes, Date:		_ Locati	on:			
COMMENTS:						
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FOR PARIS	H USE ONLY:		
Interview C	Completed:		
Baptismal S	Seminar Attended:		
Church:	St. Stephen	Our Lady of Good Counsel	St. Henry
Data and T	ime of Baptism:		

# ARCHDIOCESE OF NEW ORLEANS

# Parental Testimonial for the Sacrament of Baptism

Date:	
Name of Child to be Bap	tized:
Proposed Date of Baptism	
Stat	tement of Catholic Parent(s)
"It is my sincere hope a to do all in my power to and grows in the Cathol	nd intention to raise my child in the Catholic faith and assure through my own efforts that my child practices ic faith."
By signing below, the Ca is a true and correct indic	tholic parent(s) <u>solemnly swear</u> that the statement above cation of their intentions.
(Must be signed by at least one Cat	holic parent.)
Father's Signature:	
Father's Name Printed:	
Mother's Signature:	
Signature of Pastor or Del	egate (In Parish where Baptism is to be Celebrated)

### ARCHDIOCESE OF NEW ORLEANS

#### Godparent Testimonial for the Sacrament of Baptism

Date:
Name of Child to be Baptized:
Proposed Date of Baptism
Criteria to Serve as Godparent for Baptism  1. The Godparent must be a Catholic in good standing with the Church who has been Confirmed and regularly practices his/her Catholic faith;  2. The Godparent must be at least sixteen years of age;  3. If married, the Godparent must be in a marriage recognized as valid by
the Catholic Church. Person may not be cohabiting, or living together without marriage.  4. If not previously attended, the Godparent will attend a Baptismal Seminar in preparation for this Baptism.
Statement of Godparent
"I meet the above stated criteria to serve as a Godparent, and I will do all in my power to assist the parents of this child to raise their child in the Catholic faith."
By signing below, the proposed Godparent <u>solemnly swears</u> that he or she has read the above criteria, and that the statement above is a true and correct indication of his/her intentions.
Godparent's Signature:
Godparent's Name Printed:
Signature of Pastor or Delegate (In Parish where Baptism is to be Celebrated)