



# The Episcopal Church of the Good Shepherd

1100 Stockton Street  
Jacksonville FL 32204

904-387-5691

## INFORMATION FOR RITE OF HOLY BAPTISM

Baptism Date \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle) (Last)

Male  Female Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_  
(City) (State)

Mother's Name \_\_\_\_\_  
(First) (Middle) (Last)

Father's Name \_\_\_\_\_  
(First) (Middle) (Last)

Church Background \_\_\_\_\_

Sponsors (Godparents) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
(Address) (City) (State) (Zip)

Contact Phone Number \_\_\_\_\_

Contact Email Address \_\_\_\_\_