

Church of St. Matthew  
510 Hall Avenue  
Saint Paul Minnesota 55107  
651.457.9793 website: st-matts.org  
Baptismal Registration Form

Family Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Registered at the Church of \_\_\_\_\_

CHILD

Age \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parents Married: Y N Date: \_\_\_\_\_ Where: \_\_\_\_\_

MOTHER

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

FATHER

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

GODPARENTS MUST BE CONFIRMED CATHOLICS AT LEAST 16 YRS. OLD

Godfather's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Godmother's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

- PARENTS AND GODPARENTS MUST ATTEND BAPTISMAL PREPARATION CLASS AT LEAST ONE MONTH PRIOR TO BAPTISM HELD ON THE FIRST SATURDAY OF EVERY MONTH IN THE CHURCH OF ST. MATTHEW.
- BIRTH CERTIFICATE IS REQUIRED NO LATER THAN CLASS DATE.
- BAPTISMS AT THE CHURCH OF ST. MATTHEW ARE CELEBRATED AT THE 4PM SATURDAY MASS OR 10AM SUNDAY MASS ON THE FIRST WEEKEND OF THE MONTH.

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

Priest \_\_\_\_\_ Deacon \_\_\_\_\_ Date \_\_\_\_\_