



(St. Matthew Use Only)

Family # \_\_\_\_\_ Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Baptism \_\_\_\_/\_\_\_\_/\_\_\_\_ Priest/Deacon \_\_\_\_\_

**PLEASE PRINT**

**BAPTISM PREPARATION FORM**

Family's Last Name \_\_\_\_\_ Address (Street & City) \_\_\_\_\_ Phone \_\_\_\_\_

Full Name of Child \_\_\_\_\_  
(If baby is born) First Middle Last

Baby's sex M \_\_\_\_ F \_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Baby's Birth \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Religion \_\_\_\_\_ Email \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ (Maiden name) \_\_\_\_\_

Mother's Religion \_\_\_\_\_ Email \_\_\_\_\_

Godfather's Name \_\_\_\_\_

Catholic \_\_\_\_\_ Christian \_\_\_\_\_ Sponsor Certificate Required (if Catholic) Yes \_\_\_\_ No \_\_\_\_

Email \_\_\_\_\_

Godmother's Name \_\_\_\_\_

Catholic \_\_\_\_\_ Christian \_\_\_\_\_ Sponsor Certificate Required (if Catholic) Yes \_\_\_\_ No \_\_\_\_

Email \_\_\_\_\_

Was Your Child Privately Baptized? \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Where \_\_\_\_\_ By Whom \_\_\_\_\_

Number of Children in Your Family \_\_\_\_\_

Do Any of Your Children attend: St. Matthew Day School Yes \_\_\_\_ No \_\_\_\_  
Faith Formation Classes Yes \_\_\_\_ No \_\_\_\_

Were you married by a Priest/Deacon? \_\_\_\_\_ JP \_\_\_\_\_ Not Married \_\_\_\_\_

Why Do You Want Your Baby Baptized?

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What Responsibilities Do YOU Assume In Presenting Your Baby For Baptism?

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Circle the month you will be attending the Baptismal Prep meeting. (2<sup>nd</sup> Monday of the Month)

Jan    Feb    Mar    Apr    May    June    July    Aug    Sept    Oct    Nov    Dec

Today's Date: \_\_\_\_\_

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**(St. Matthew Use Only)**

Attended Baptism Meeting On: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date)



Received Baptismal Gown:    Yes \_\_\_\_\_    No \_\_\_\_\_

Received Baptismal Packet:    Yes \_\_\_\_\_    No \_\_\_\_\_    Paid:    Yes \_\_\_\_\_    No \_\_\_\_\_

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Notes or Comments: