

The Church of St. Matthew  
490 Hall Avenue, St. Paul, MN 55107  
651-224-9793 • www.st-matts.org

## Baptismal Registration Form

FAMILY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

REGISTERED AT THE CHURCH OF \_\_\_\_\_

### **CHILD**

AGE \_\_\_\_\_ MONTHS \_\_\_\_\_ YEARS \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

### **MOTHER**

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ MAIDEN \_\_\_\_\_

### **FATHER**

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

PARENTS MARRIED: YES NO DATE \_\_\_\_\_ WHERE \_\_\_\_\_

### **GODPARENTS MUST BE CONFIRMED CATHOLICS AT LEAST 16 YRS OLD**

GODFATHER'S FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

GODFATHER'S FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

GODMOTHER'S FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

GODMOTHER'S FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

CLASS DATE \_\_\_\_\_ BAPTISM DATE \_\_\_\_\_

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

*The Church of St. Matthew is a Catholic community that is  
a visible expression of God's love.*