
ST. MATTHEW CATHOLIC CHURCH

2700 SE Virginia Ave. Topeka, KS 66605 Phone: 785.232.5012

BAPTISM REGISTRATION FORM

Name of Child _____ Date of Birth ____/____/____

Parent(s) Address Street _____

City/State _____ Zip _____

Phone Number _____ Email _____

Place of Birth _____ Child is Adopted? Yes No

Date of Baptism ____/____/____ Date of Baptism Class ____/____/____

Was child baptized in danger of death/emergency? Yes No Date of Baptism ____/____/____

If yes:

Place of Baptism _____ Name of Celebrant _____

(Please consider the tradition of a saint's name)



Name of Father _____ Religion _____

Are you currently practicing? Yes No Name of Church or Place _____

Name of Mother (Maiden) _____ Religion _____

Are you currently practicing? Yes No Name of Church or Place _____

Marital Status Catholic Church Yes No Place _____

Divorced Yes No Remarried Yes No



Name of Godfather _____ Religion _____

Currently practicing? Yes No Is 16 yrs. of age and has all Sacraments of Initiation? Yes No

Is married in the Catholic Church? Yes No If yes, name of Church _____

Name of Godmother _____ Religion _____

Currently practicing? Yes No Is 16 yrs. of age and has all Sacraments of Initiation? Yes No

Is married in the Catholic Church? Yes No If yes, name of Church _____

Name of Proxy(s) if applicable _____

We are available to meet with Father:

Days and Times _____

Notes: _____
