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# ST. MATTHEW CATHOLIC CHURCH

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

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## 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: \_\_\_\_\_

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