St. Matthew Parish Baptism Registration Form

To register your child please return the completed form to the parish office at least one month prior to the month of baptism, along with the stipend of \$15. Checks made payable to St. Matthew Parish. The stipend will go to Love Life, a charitable organization that helps needy families with young children.

Date of Baptism:		Mass Tim	ne (circle): 4:30 pm	8:30 am 10:30 am	
Name of Child:					
	First	,	Middle	Last	
Gender: Male_	Female	Date of Birth:			
Place of Birth (Cit	y/State) :			(V _c	
Is this your first o	child to be baptized	l? Yes N	0		
Name(s) of other	child(ren) (if appli	cable):			
Home Parish Nar	ne & City:	oking for a parish to ca	ll home we would love yo	 ou to join St. Matthew!	
Father:	Religion:		•		
	First	Last	Kengi	OII	
Mother:	M	aiden Name:	Religi	on:	
	First				
Home Address: _					
Phone:		Email:			
confirmed Roman to your child. We v	Catholic, as one of	the godparents' ro godparents per chi	le is passing on the ld during the service	of the godparents is a Roman Catholic faith e. Godparents are not	
Godparent:				Religion:	
	First	Last			
Godparent:	First	last	Religi	on:	
	FIFST	Last			
Office Use Only	Date Received	Paid	Sent to Baptism	Team	