BAPTISMAL INFORMATION FORM

To be completed and returned to St. Matthew's

Please list all names as they are to appear on the baptismal certificate.

_____ _____ _____

Last Name First & Middle Name Goes by

Date of Birth:_____ Place of Birth:_____ Male ( ) Female ( )

_____ _____

Mother's Name (Include maiden name) Goes by

_____ _____

Father's Name Goes by

Parent's Church Membership:_____

Home Address:_____

Telephone (___)_____Home (___)_____Work (__)_____Cell

Sponsors or Godparents Church Membership

_____ _____

_____ _____

_____ _____

_____ _____

The following are the dates of baptisms and baptismal preparation classes. Please check which date you would like to present your child or yourself for baptism:

_____ All Saints' Day, first Sunday in November

____ Baptism of Our Lord, first Sunday following Epiphany (January 6)

_____ Easter Vigil, Saturday evening before Easter

_____ Pentecost, May or June depending on the church year