

St. Matthew Catholic Church

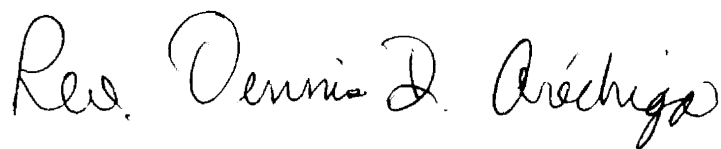
Sacrament of Baptism

Guidelines

Welcome to the Baptism of your child. Whether this is the first time or one of many others, the gift of receiving a son or daughter into our Church family is always a joyous moment. It is a time for family and friends to come together to share the gift of faith with our newest member.

Baptism, one of three Sacraments of Initiation, along with Confirmation and Eucharist, is that formal time when your son or daughter becomes a member of the People of God. It is the beginning of a journey to live life guided by God who is Father, Son and Holy Spirit. The ritual is filled with many signs and symbols of this new life.

My Prayer for you – parents, Godparents, Christian Witnesses and family members – is that you will continue to experience God’s blessings in abundance.

A handwritten signature in black ink that reads "Rev. Dennis D. Aréchiga". The signature is written in a cursive style with a large initial "R" and "D".

Fr. Dennis Aréchiga

Pastor

Parish Registration

Parents of a child who is to be baptized must be registered in a parish. To have your child baptized at St. Matthew you must either be a registered member of our parish or have letter from your parish giving you permission to do baptize here at St. Matthew.

If you are unsure about being registered in our parish, call the Administration Office at (210) 478-5000. If you are not registered in our parish and would like to be, please fill out the enclosed registration form.

Guidelines for Parents

According to Cannon Law, there can only be one or two Godparents. If there are two Godparents, the Church asks that they be male and female.

Cannon 874: *To be admitted to the role of Godparent, a person*

must:

- *Be designated ... by the parents*
- *Have completed the sixteenth year*
- *Be a Catholic who has been confirmed and has already received the Sacrament of the Most Holy Eucharist and leads a life in harmony with the faith and the role to be undertaken;*
- *Not be bound by any canonical penalty legitimately imposed or declared;*
- *Not be the father or the mother of the one to be baptized.*

It is expected that a Godparent is active in their faith be attending Sunday Mass and live a chaste life if single and if married, must be married in the Catholic Church.

Godparents must attend baptismal preparation classes either with the parents at St. Matthew or at their own parish. Documentation of class completion, if not taken at St. Matthew, must be submitted to the Deacon assisting with the Baptism. We will accept documentation of a baptismal preparation class taken within four years.

Guidelines for a Christian Witness

At times parents have a close friend, who is not Catholic, whom they would like to have a role in their child's baptism. This is possible as long as you have one Catholic Godparent, the person chosen, who is non-Catholic, can be a Christian Witness. A Christian Witness is considered a baptized Christian who belongs to a non-Catholic church community. Christian Witnesses must attend baptismal preparation classes at a Catholic church. Documentation of class completion if not taken at St. Matthew must be submitted to the Deacon assisting with the Baptism. We will accept documentation of pre-baptismal classes taken within four years.

Birth Certificate

A copy of your child's state birth certificate (if your child is more than one month old) must accompany the enclosed baptismal registration form. If you have not yet received one, you may obtain one at any of the following San Antonio Metropolitan Health District locations:

- City of San Antonio Office
8523 Blanco Road (at West Ave)
M – F: 8 AM to 6 PM
Sat: 10 AM to 6 PM
(210) 207-6150
- Downtown
719 S. Santa Rosa St.
M – F: 8 AM to 4 PM
(210) 207-8815

Birth Certificates issued by the Metropolitan Health District are normally available in about four weeks from the satellite offices and two to three weeks at the downtown office. If your child is less than one month old and you are unable to obtain the state birth certificate, you may submit a copy of the Verification of Birth from the hospital but only in an emergency. You must first get this approved with Deacon Oscar Vela at (210) 478-5013.

Baptism of an Adopted Child

If you wish to have an adopted child baptized, the adoption process **MUST** be completed, and a copy of the State Birth Certificate **MUST** accompany the baptismal registration packet.

Forms Needed to be Submitted

- Parent/Child Registration Form
- Godparent registration Form
- Child's Birth Certificate
- Letter of permission from home parish if needed
- Documentation of Pre-Baptismal Class completion, if not taken at St. Matthew.

If you have any questions regarding your child's baptism, please contact deacon Oscar Vela at (210) 478-5013.

PLEASE PRINT CAPITAL LETTERS ONLY:

St. Matthew Catholic Church Date Received:
BAPTISMAL REGISTRATION FORM Parents and child

Please complete this form accurately. The information you provide will appear on your child's Baptismal Certificate and will be an official record at St. Matthew and the Archdiocese. (PLEASE PRINT CAPITAL LETTERS ONLY, USE FULL NAMES - NO NICKNAMES!)

Name of Person Baptized: First Middle Last

City of Birth: City State Date of Birth:

Father's Name: First Middle Last Religion Confirmed Yes/No

Mother's Maiden Name: First Middle Maiden Religion Confirmed Yes/No

Address City State ZIP

Primary Phone # Secondary Phone # Work Phone # Class 1 Class 2 Class 3

Sponsor or Godparent Christian Witness Sponsor or Godparent Christian Witness

Priest/Deacon Date of Baptism

State Birth Certificate: Type of Baptism Immersion Infusion (pouring)

E-Mail Address:

Only if child will be baptized in another parish. Letter of permission will be given
Parish City, State Date of Baptism

FAMILY PERSONAL INFORMATION (PLEASE PRINT)

Are you a Registered Member of St. Matthew Catholic Church? Yes/No If Yes, how long?

If not a member of St. Matthew, then which parish?

If not a member, why did you choose St. Matthew for these classes?

Where do you normally worship?

Frequency of worship: Weekly Monthly Other (specify)

Marriage Status: Married, Single, Divorced, Not Married, Partnered Catholic Marriage? Yes/No

Church Married in

Date of Marriage City Married in:

If not a Catholic Marriage, WHY?

* If a member of St. Matthew and have not been confirmed or not a Catholic marriage, we will contact you after you have completed the class to determine if we can help you in the reception of these sacraments.

PLEASE PRINT CAPITAL LETTERS ONLY.

**St. Matthew Catholic Church Date Received:
SPONSOR (Godparent) REGISTRATION FORM**

If sponsors are not a married couple, use a separate form for each sponsor.

(PLEASE PRINT CAPITAL LETTERS ONLY, USE FULL NAMES - NO NICKNAMES!)

Do not use Mr. or Mrs. Use first names.

Godparent Name	_____	_____	_____	_____	_____	_____
	First	Middle	Last	Religion	Confirmed *	Yes/No
Godparent Name	_____	_____	_____	_____	_____	_____
	First	Middle	Last	Religion	Confirmed *	Yes/No
Address	_____	_____	_____	_____	_____	_____
	Address	City	State	ZIP		
Primary Phone #	_____	Secondary Phone #	_____	Work Phone #	_____	Class 1
					Class #2	Class 2

Person to be Baptized: _____
First Middle Last

Parents Name _____

Parish Baptism will be in: _____ Date _____

City/State/Zip _____

If not St. Matthew, where are the classes being taken? _____

E-Mail Address: _____

Godparents MUST have received the sacraments of Baptism, Eucharist, & Confirmation.
Must be a practicing Catholic. If married, must be married in the Catholic Church.
Only two godparents/sponsors are allowed.

GODPARENT/SPONSOR PERSONAL INFORMATION (PLEASE PRINT)

Are you a Registered Member of St. Matthew Catholic Church? Yes/No If Yes, how long? _____

If not a member of St. Matthew, then which parish? _____

If not, why did you choose St. Matthew for these classes? _____

Where do you normally worship? _____

Frequency of worship: Weekly _____ Monthly _____ Other (specify) _____

Marriage Status: Married, Single, Divorced, Not Married, Partnered _____ Catholic Marriage? Yes/No

Church Married in _____

Date of Marriage _____ City Married in: _____

If not a Catholic Marriage, WHY? _____

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PLEASE PRINT CAPITAL LETTERS ONLY.

St. Matthew Catholic Church Date Received: _____

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(PLEASE PRINT CAPITAL LETTERS ONLY, USE FULL NAMES - NO NICKNAMES!)

Do not use Mr. or Mrs. Use first names.

Godparent Name _____
First Middle Last Religion Confirmed * Yes/No

Godparent Name _____
First Middle Last Religion Confirmed * Yes/No

Address City State ZIP
Primary Phone # Secondary Phone # Work Phone # Class 1 Class #2 Class 2

Person to be Baptized: _____
First Middle Last

Parents Name _____

Parish Baptism will be in: _____ Date _____

City/State/Zip _____

If not St. Matthew, where are the classes being taken? _____

E-Mail Address: _____

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If not, why did you choose St. Matthew for these classes? _____

Where do you normally worship? _____

Frequency of worship: Weekly _____ Monthly _____ Other-(specify) _____

Marriage Status: Married, Single, Divorced, Not Married, Partnered _____ Catholic Marriage? **Yes/No**

Church Married in _____

Date of Marriage _____ City Married in: _____

If not a Catholic Marriage, WHY? _____

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