



Assumption of Mattese

4725 Mattis Road
St. Louis, Missouri 63128

314-487-7970

www.assumptionstl.org

Rite of Baptism

Anticipated date of baptism _____/_____/_____

Primary contact

Name _____

Relationship to child _____

Phone (_____)_____-_____

Email _____

Child's residence

Address Street _____

city _____ state _____ zipcode _____

Baptismal Preparation

Person responsible for Baptismal Preparation: _____

Date of preparation meeting: _____/_____/_____

Are the parents registered at Assumption? Yes No

Do the parents live in the territory of Assumption? Yes No

Were the parents married in the Catholic Church? Yes No

Was the child baptized privately? Yes No

Was the child adopted? Yes No

Officiating Priest or Deacon

Priest/Deacon _____

(Arch)diocese _____

Address _____

Phone (_____)_____-_____

Email _____

Received Clergy Letter of Aptitude Yes No

Information for the Baptismal Register

Child's Information

First _____

Middle _____

Last _____

City/State of Birth _____

Date of Birth ____/____/____

Parents

Father _____ Religion _____

Mother (maiden) _____ Religion _____

Godparents

1. Godparents should be at least 16 years of age.
2. Godfather must be male and Godmother must be female.
3. At least one Catholic Godparent is necessary who has received Baptism and First Holy Communion.
4. If a non-Catholic is desired as a Godparent, he/she must be a baptized Christian of another denomination however there must also be one Catholic Godparent who meets all the above criteria.

Godfather

(check one) Catholic Godparent non-Catholic Christian Witness

Name _____

Proxy *(if Godfather is not present)* _____

Godmother

(check one) Catholic Godparent non-Catholic Christian Witness

Name _____

Proxy *(if Godmother is not present)* _____

FOR CLERGY USE ONLY please print

Baptizing priest/deacon _____

Date of baptism ____/____/____