

BAPTISM REGISTRATION

Please print

Full Name of Child: _____

Date of Birth: _____

City of Birth: _____

Was the child adopted?: _____ Was the child privately baptized?: _____

Father's Full Name: _____

Religion of Father: _____

Mother's Full Maiden Name: _____

Religion of Mother: _____

Are parents married in the Catholic Church? _____

Residence: _____

City _____ Zip _____

Home Phone # _____ Work or Cell Phone # _____

Godfather's Name: _____ Catholic? _____

Godmother's Name: _____ Catholic? _____

Will either godparent be represented by proxy?: _____

Name of proxy(s): _____

Requested Month for Baptism: _____

**Upon completion, please send or deliver to:
Baptism Registration, St. Matthew's Church, 672 Temple Ave. Long Beach, CA 90814**

For office use:



DATE OF BAPTISM _____ PRIEST _____