St. Matthew Roman Catholic Church
2140 W. Ontario Ave. Corona CA. 92882
Phone: (951) 737-1621 Fax: (951) 737-9715

Baptism Date _____ Time_____
Class Date _____Time_____
Mom___ Dad___ Godmother___ Godfather___
Online _____ Reg. Parishioner _____
Private_____ Group _____
English_____ Spanish_____

Parents: Please fill out all information below. Circle your choices where indicated. Both parents are required to sign their names on the reverse side.

Name of Child: _____
Please print Last First Middle

Date of Birth:_____City and state of birth: _____

Age of Child: _____ Was child adopted? Yes No Was child previously baptized? Yes No

Parish of Parents: _____ _____
Name of Parish City and State

Parents' address:_____
Street Apt # City Zip Code

Phone: _____ _____
Work or cell? Mother Work or cell? Father

Father:_____ Religion: _____
Last First

E-mail address: _____

If baptized Catholic – First Communion? Yes No Confirmation? Yes No

Do you attend Mass: Weekly? Occasionally? Seldom? Never?

Do you consider yourself a practicing Catholic? Yes No Somewhat

Mother:_____ Religion: _____
Last First

Maiden Name:_____E-mail address: _____
Last First

If baptized Catholic – First Communion? Yes No Confirmation? Yes No

Do you attend Mass: Weekly? Occasionally? Seldom? Never?

Do you consider yourself a practicing Catholic? Yes No

Marital status of parents: Married Single Divorced

If married, please circle whether:

Married in the Catholic Church Married in other church or chapel Married by Court

One Non-Catholic Christian can act as "Christian Witness"

Godfather_____Over 16 yrs. of age? Yes No

Baptized Catholic? Yes No Attends Mass weekly? Yes No Confirmed? Yes No

Is he married? Yes No If married, was marriage witnessed by a Catholic priest? Yes No

To what parish does he belong? _____

What denomination is the Christian witness? _____

Will any proxy be used? Yes No

Godmother_____Over 16 yrs. of age? Yes No

Baptized Catholic? Yes No Attends Mass weekly? Yes No Confirmed? Yes No

Is she married? Yes No If married, was marriage witnessed by a Catholic priest? Yes No

To what parish does she belong? _____

What denomination is the Christian witness? _____

Will any proxy be used? Yes No

STATEMENT OF COMMITMENT

We are aware that we must commit ourselves to raise our child in the practice of the Catholic faith before our child will be baptized at St. Matthew Catholic Church.

_____ _____ _____

Signature of Father ***Signature of Mother*** ***Date***

For Office Use Only

Notes:

_____

_____

_____

_____

BAPTISM DATE_____

GROUP– PRIVATE TIME ____ Spanish_____ English _____

Payment_____Cash CC. Check #_____

Birth certificate____ Baptism Class: Mom____ Dad____ Godfather_____ Godmother_____

Godfather's sacraments Bap.__1st Euc.__Conf.____Marriage_____ or Letter of Eligibility

Godmother's sacraments Bap.___1st Euc.____Conf.____Marriage____ or Letter of Eligibility