

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

Does she receive communion regularly? 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:

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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

