

St Matthew Catholic Church
400 W. Sunset Rd, El Paso, TX 79922
(915)584-3461 Fax (915)584-2107
Email: Stmatthew400@gmail.com

BAPTISMAL REGISTRATION

Today's Date: _____ Are you registered at St Matthew as a parishioner? _____

(If you live outside the parish boundaries and are not
registered, you will need a letter of permission from
your pastor.)

Name of child to be baptized: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Are parents married? _____ If yes, civil or church _____ Sacramental _____ Other _____

FATHER

Name: _____ DOB: _____ Religion _____

Address: _____ Zip code _____

Home phone: _____ Cell phone: _____

Email: _____ Home Parish: _____

MOTHER

Name: _____ DOB: _____ Religion _____

Address: _____ Zip code _____

Home phone: _____ Cell phone: _____

Email: _____ Home Parish: _____

GODFATHER

Name: _____ Age: _____

Address: _____ Phone: _____

Marital Status: Single: _____ Divorced: _____ Widower: _____ Married: _____ Parish: _____

GODMOTHER

Name: _____ Age: _____

Address: _____ Phone: _____

Marital Status: Single: _____ Divorced: _____ Widow: _____ Married: _____ Parish: _____

FOR OFFICE USE ONLY

Donation: _____ Receipt#: _____

Date of Baptism requested: _____ English _____ Spanish _____

Attending Baptism class: Mother _____ Father _____ Godfather _____ Godmother _____

Documents Requested

Child: Birth Certificate _____

Mother: Baptism Class: _____ Letter of permission: _____

Father: Baptism Class: _____ Letter of permission: _____

Godfather: Baptism Class: _____ Letter of permission: _____

Confirmation: _____ Marriage: _____

Godmother: Baptism Class: _____ Letter of permission: _____

Confirmation: _____ Marriage: _____