

Saint Matthew the Evangelist Parish
Billerica MA
Baptism Application

Church: _____ Presider: _____

Baptismal Date: _____ Time: _____

Child's Name: _____

Child's Date of Birth: _____ Place of Birth: _____

Father's name: _____

Father's Religious Affiliation: _____

Mother's name: _____

Mother's Religious Affiliation: _____

Mailing Address: _____

Email Address: _____

Father's cell: _____ Mother's cell: _____

Are you a registered member of Saint Matthew the Evangelist Parish? YES NO

If NO, Which Parish are you registered with? _____

Are parents married? YES NO If YES, were parent's married in the Catholic Church? _____
If not, we would like the opportunity to speak to you.

Have you had baptismal preparation before? YES NO If yes, when and where? _____

Name of Godfather: _____ Name of Godmother: _____

Name of Christian Witness: _____ Name of Proxy: _____

Date of Baptismal Preparation Meeting Scheduled: _____

Schedule in Book: _____	Google Calendar for Baptism _____	Calendar for Prep: _____
Email Dustin Form: _____	Google Spreadsheet: _____	Baptism Packet: _____
Family Registered in ParishSoft: _____	Certificate: _____	
Register Book: _____	Recorded in ParishSoft: _____	