

SAINT MATTHEW PARISH REGISTRATION FORM

PLEASE PRINT CLEARLY

Family Name (last) _____ (1st Adult) _____ (2nd Adult) _____

Street Address _____ P.O. Box # _____

City _____ State _____ Zip _____ Phone () _____ Unlisted: Y or N

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____ # of children at home _____

MEMBER	ADULT	ADULT	CHILD	CHILD	CHILD/ADULT	CHILD/ADULT
First Name						
Last Name (if different)						
Religion (if not Catholic)						
Disability/Homebound						
Primary Language						
Occupation						
Location (Job/School)						
Work Phone & Ext.						
Grade (if in school)						
Birthdate (Month/Day/Year)						
Sex (M/F)						
Baptism (Y/N)						
1st Communion (Y/N)						
Penance/Confession (Y/N)						
Confirmation (Y/N)						