



# ST. MATTHEW CATHOLIC CHURCH

## PARISH REGISTRATION FORM

Please Complete All Information

Number in Household:	Date of Registration	Permanent <input type="checkbox"/>	Seasonal <input type="checkbox"/>
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### HOUSEHOLD (General Information for mailing and contacting the family)

Last Name	First Name	Salutation (Mr. Mrs. Ms.)		
Address		City	State	Zip Code
				Apt. No.
Home Phone	Other Phone	Language Spoken		
Best email address for contact				

### INDIVIDUAL MEMBERS OF THE HOUSEHOLD

Head of Household: Last Name	First Name	Middle Initial
Date of Birth		
Single <input type="checkbox"/> Married by a Priest <input type="checkbox"/> Married Civilly <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
Sacraments:		Occupation
Sacraments Received: Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>		

Wife or 2 <sup>nd</sup> Member: Last Name	First Name	Middle Initial
Date of Birth		
Single <input type="checkbox"/> Married by a Priest <input type="checkbox"/> Married Civilly <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
Sacraments:		Occupation
Sacraments Received: Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>		

3 <sup>rd</sup> Member: Last Name	First Name	Middle Initial
Date of Birth		
Single <input type="checkbox"/> Married by a Priest <input type="checkbox"/> Married Civilly <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
Sacraments:		Occupation
Sacraments Received: Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>		

4 <sup>th</sup> Member: Last Name	First Name	Middle Initial

Date of Birth	Single <input type="checkbox"/> Married by a Priest <input type="checkbox"/> Married Civilly <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
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Sacraments:	Occupation
Sacraments Received: Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	

5 <sup>th</sup> Member: Last Name	First Name	Middle Initial

Date of Birth	Single <input type="checkbox"/> Married by a Priest <input type="checkbox"/> Married Civilly <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
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Sacraments:	Occupation
Sacraments Received: Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>	

Request for information from St. Matthew

I/We need information on:	<input type="checkbox"/> Being married in the Church	<input type="checkbox"/> Church Annulments	<input type="checkbox"/> Convert inquiry
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**EMERGENCY CONTACT NAME AND TELEPHONE NUMBER**

In case of an emergency, whom can we contact? (optional)

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