

**ST. MATTHEW THE APOSTLE PARISH REGISTRATION FORM**

DATE OF REGISTRATION \_\_\_\_\_

FAMILY LAST NAME \_\_\_\_\_ MAIN PHONE # \_\_\_\_\_

STREET/P.O. BOX # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS PARISH \_\_\_\_\_ CITY/STATE \_\_\_\_\_

MEMBER TYPE	HEAD OF HOUSEHOLD	SPOUSE
TITLE (CIRCLE ONE)	Mr. Mrs. Miss Ms. Dr. Rev. Other	Mr. Mrs. Miss Ms. Dr. Rev. Other
FIRST NAME		
MIDDLE NAME		
LAST NAME		
GENDER	Male / Female	Male / Female
BIRTHDAY (YEAR OPTIONAL)		
PREFERRED NAME OR NICKNAME		
CELL PHONE #		
EMAIL ADDRESS		
OCCUPATION		
EMPLOYER		
WORK PHONE #		
MARITAL STATUS		
ANNIVERSARY DATE		
MARRIED IN CATHOLIC CHURCH?	Yes / No	Yes / No
RELIGIOUS DEMONINATION		
BAPTIZED	Yes / No Date: _____	Yes / No Date: _____
CONVERT	Yes / No	Yes / No
EUCCHARIST	Yes / No	Yes / No
CONFIRMATION	Yes / No Date: _____	Yes / No Date: _____

If you wish to receive church envelopes, please check here:

