



ST. MATTHEW CATHOLIC CHURCH

25 Wilkins Road, S.W., Winder, GA 30680

Tel:770-867-6034 Fax:770-867-6034

REGISTRATION FORM

Date: / /

Office Use Only

ENV#:

Family Last Name: _____

Home Address: _____

City

Zip Code

Marital Status (please Check one):

- Married in Catholic Church or by Priest
- Married but not in the Catholic Church
- Single
- Divorced
- Widowed
- Separated

Date: _____

Date: _____

Date: _____

Date: _____

Head of Household: _____

Spouse: _____

Date of Birth: _____

Date of Birth: _____

Cell No.: _____

Cell No.: _____

E-Mail: _____

E-Mail: _____

Profession: _____

Profession: _____

Work No.: _____

Work No.: _____

Religion: _____

Religion: _____

Maiden Name: _____
(If Applicable)

Maiden Name: _____
(If Applicable)

FAMILY MEMBERS - SACRAMENTAL INFORMATION OF FAMILY

(Include Head of Household and Spouse)

Name	M/F	Date of Birth	Date of Baptism	Date of Eucharist	Date of Confirmation	School Grade	Enrolled in Rel. Ed Y/N	Special Needs

Former Parish, City and State: _____

What program would you like to see at the Church? _____

Are you Bilingual ? Yes No If Yes what Language? _____

Are there any talents/time you would like to be involved in? _____

Would you like to receive envelopes for your contribution to the parish? Yes No

May we publish your, address and phone number in our Parish Directory? Yes No

For Office Use only:		
Date Received	Date Enter	Other