

St. Matthew Catholic Church Parish Registration

Please clearly print all information

FAMILY NAME: _____ Date _____

Current Address _____
Number & Street
City
State
Zip Code

Date moved to current address: _____ Marital Status: Married Separated Divorced Widowed Single

Telephone Numbers: Home: _____ Daytime: _____ / _____ / _____
Husband
cell
Wife
cell

Email: _____

Name of Prior Parish _____ City and State _____

Former Pastor's Name: _____ Diocese of: _____

Did you take part in any activities your former Parish? Yes No If so, What did you do? _____

Heads of Household			Date of Birth	Religion	Baptism Yes/No	Holy Communion Yes/No	Confirmation Yes/No	Catholic Marriage Yes/No	Occupation
Last Name	First	M.I.							

Children Living at Home					Date of Birth	Baptism Yes/No	First Holy Communion Yes/No	Confirmation Yes/No	Attends Religious Education Yes/No
Last Name	First	M.I.	M	F					

Do you or your family have any special needs we may be able to serve? _____

For staff use only

Signature of intake person _____ Date: _____

Map Coordinates: _____ Parish Boundary: _____ Pastor Signature: _____

Are you able to help with our Parish's mission of serving God and His people?

Here are a few areas where we could use a hand.....Please put a check mark next to the areas of interest or service that might appeal to you.

Altar Servers

Religious Education Volunteer

Choir

St. Matthew's Baby Closet/Food Pantry

Good Samaritans/Homebound Visitation

St. Matthew's Outreach/Thrift Store

Groundskeeping

Society of St. Vincent de Paul

Knights of Columbus

Ushers/Greeters

Lawyer/Legal Counsel

Women's Guild

Office Work

Youth Ministry

Parish Maintenance

Questions or Comments?

God Bless You! Fr. Eversole