

Church of St. Matthias

Confidential Parish Registration

Registration Date: _____

Family Last Name: _____

Street Address: _____

Home Phone: _____ Unlisted? Cell Phone: _____

E-Mail Address: _____

MALE/HEAD OF HOUSEHOLD

First Name: _____

Date of Birth: _____

Religion: _____

Ethnicity: _____

Occupation: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

Matrimony: Date: _____

Married by Catholic Priest/Deacon? Yes ___ No ___

Church/City where married: _____

Current Marital Status:

Single Married Divorced Widowed

FEMALE/SPOUSE/HEAD OF HOUSEHOLD

First Name: _____

Date of Birth: _____

Religion: _____

Ethnicity: _____

Occupation: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

Matrimony: Date: _____

Married by Catholic Priest/Deacon? Yes ___ No ___

Church/City where married: _____

Current Marital Status:

Single Married Divorced Widowed

DEPENDENT - #1

First Name: _____

Gender: Male Female

Date of Birth: _____

Religion: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

RELIGIOUS INSTRUCTION

OCIA CCD SMS

DEPENDENT - #2

First Name: _____

Gender: Male Female

Date of Birth: _____

Religion: _____

Special Needs: _____

SACRAMENTS RECEIVED

Baptism First Communion Confirmation

RELIGIOUS INSTRUCTION

OCIA CCD SMS

Church of St. Matthias

Confidential Parish Registration (Cont.)

<p style="text-align: center;">DEPENDENT - #3</p> <p>First Name: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____</p> <p>Religion: _____</p> <p>Special Needs: _____</p> <p style="text-align: center;">SACRAMENTS RECEIVED</p> <p><input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation</p> <p style="text-align: center;">RELIGIOUS INSTRUCTION</p> <p><input type="checkbox"/> OCIA <input type="checkbox"/> CCD <input type="checkbox"/> SMS</p>	<p style="text-align: center;">DEPENDENT - #4</p> <p>First Name: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____</p> <p>Religion: _____</p> <p>Special Needs: _____</p> <p style="text-align: center;">SACRAMENTS RECEIVED</p> <p><input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation</p> <p style="text-align: center;">RELIGIOUS INSTRUCTION</p> <p><input type="checkbox"/> OCIA <input type="checkbox"/> CCD <input type="checkbox"/> SMS</p>
<p style="text-align: center;">DEPENDENT - #5</p> <p>First Name: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____</p> <p>Religion: _____</p> <p>Special Needs: _____</p> <p style="text-align: center;">SACRAMENTS RECEIVED</p> <p><input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation</p> <p style="text-align: center;">RELIGIOUS INSTRUCTION</p> <p><input type="checkbox"/> OCIA <input type="checkbox"/> CCD <input type="checkbox"/> SMS</p>	<p style="text-align: center;">DEPENDENT - #6</p> <p>First Name: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____</p> <p>Religion: _____</p> <p>Special Needs: _____</p> <p style="text-align: center;">SACRAMENTS RECEIVED</p> <p><input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation</p> <p style="text-align: center;">RELIGIOUS INSTRUCTION</p> <p><input type="checkbox"/> OCIA <input type="checkbox"/> CCD <input type="checkbox"/> SMS</p>

Name of Parish you are currently attending: _____

City/State: _____

How often do you attend Mass?: Weekly Occasionally Seldom

How often do you receive Communion?: Weekly Occasionally Seldom

Note: A separate form is to be completed for grandparents, in-laws, aunts, uncles or other relatives or non-related individuals residing at this address.