

Office Use Only:
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 Contact 1 _____
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Please print clearly

**St. Matthew's Parish
 REGISTRATION FORM**



Title: Mr/Mrs Mr Mrs Ms **Mailing Name:** _____, _____
(circle one) (last) (first)
Address: _____ **City:** _____ **Zip:** _____
Phone: _____ **Unlisted?:** Yes No
Marital Status: ___ Married by priest ___ Married not by a priest ___ Single ___ Widowed ___ Divorced ___ Separated

INDIVIDUAL MEMBER INFORMATION: *(list only dependent children living at home)*

	Head of Household	Spouse	Child	Child	Child	Child
First Name						
Last (if not same)						
Maiden Name						
E-mail address						
Occupation or School						
Work Phone or Grade						
What public elementary/ jr. high school would/do your children attend if not St. Matthew's?						
Sex						
Religion						
Handicap						
Language Spoken						
Date of Birth (m/d/y)						
Baptism	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:
First Penance	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:
First Communion	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:
Confirmation	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:	Yes No Date:
Date of Marriage						
Have you attended a Virtus "Protecting God's Children" Workshop?	Yes No	Yes No				

GETTING TO KNOW YOU

	Head of Household	Spouse	Child	Child	Child	Child
My Hobbies/ Interests:						
Special Talents:						
Favorite TV Show:						
Favorite Book:						
Favorite Movie:						
Favorite Food:						
How long I have lived in Topeka:						

With your permission, the information on this page will be printed in the bulletin as part of the **Newcomer Section**. Please sign below if you agree to allow this information to be published. If this page is not signed, only your family's names will be published in the bulletin.

SIGNATURE: _____ DATE: _____