

For Office Use
ID/Envelope # _____

Church of St. Matthew
490 Hall Avenue, St. Paul MN 55107
651.224.9793

Parish Registration Form

Today's Date _____ Would you like to receive contribution envelopes Yes No

Head of Household

Last Name _____ First _____ Middle Initial _____

Title: Mr. Mrs. Ms. Miss Dr. Suffix: Sr. Jr. III

Maiden Name (if Female) _____ Language Spoke at Home _____

Home Phone _____ Work Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address if different _____

City _____ State _____ Zip _____

Religion _____ Date of Birth _____ Place _____

Occupation _____ Email Address _____

Check Marital Status: Single Engaged Married Separated Divorced Widowed

Sacraments received: Baptized Reconciliation Holy Communion Confirmation

Catholic Marriage or Civil Marriage Anniversary _____

Spouse / Other Adult

Last Name _____ First _____ Middle Initial _____

Title: Mr. Mrs. Ms. Miss Dr. Suffix: Sr. Jr. III

Maiden Name (if Female) _____ Language Spoke at Home _____

Home Phone _____ Work Phone _____ Cell Phone _____

Religion _____ Date of Birth _____ Place _____

Occupation _____ Email Address _____

Check Marital Status: Single Engaged Married Separated Divorced Widowed

Sacraments received: Baptized Reconciliation Holy Communion Confirmation

Catholic Marriage or Civil Marriage Anniversary _____

Please complete this side for children

Children under 18 year's only.

Children over 18 year's individual registration.

Child

Last Name _____ First _____ Middle Initial _____
Relation to Head of Household: child stepchild grandchild other _____
Religion _____
Grade _____ Date of Birth _____ Place _____
Sacraments received: Baptism Reconciliation Holy Communion Confirmation

Child

Last Name _____ First _____ Middle Initial _____
Relation to Head of Household: child stepchild grandchild other _____
Religion _____
Grade _____ Date of Birth _____ Place _____
Sacraments received: Baptism Reconciliation Holy Communion Confirmation

Child

Last Name _____ First _____ Middle Initial _____
Relation to Head of Household: child stepchild grandchild other _____
Religion _____
Grade _____ Date of Birth _____ Place _____
Sacraments received: Baptism Reconciliation Holy Communion Confirmation

Child

Last Name _____ First _____ Middle Initial _____
Relation to Head of Household: child stepchild grandchild other _____
Religion _____
Grade _____ Date of Birth _____ Place _____
Sacraments received: Baptism Reconciliation Holy Communion Confirmation

Please copy as needed