



St. Matthew Catholic Church

25 Wilkins Road, S.W., Winder, GA 30680 770-867-6034

Date: / /

REGISTRATION FORM

Office Use Only

REG/ENV#

Family Last Name: _____

Home Address: _____
City Zip Code

Phone: _____ Cell #: _____ E-Mail _____

Marital Status (please Check one):

- Married in Catholic Church or by Priest
- Married but not in the Catholic Church or by a Priest
- Divorced Date: _____
- Separated: Date: _____

- Date: _____
- Widowed
 - Single

Head of Household: _____ Spouse: _____

Date of Birth: _____ Date of Birth: _____

Profession: _____ Profession: _____

Work No. _____ Work No. _____

Religion: _____ Religion: _____

Maiden Name: _____ Maiden Name: _____
(If Applicable) (If Applicable)

SACRAMENTAL INFORMATION OF FAMILY AND OTHERS LIVING AT HOME

(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 the Catholic newspaper (Georgia Bulletin)? Yes No

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:	Send
Date Received	Welcome Pkg.
Date Enter	Other