

NEW MEMBER REGISTRATION

DATE: _____



Saint Matthew
CATHOLIC CHURCH
1303 Lincolnshire Drive, Champaign, IL 61822 — (217) 359-4224

Family Last Name: _____

Address: _____

City/Zip: _____

Family Phone: _____

Family Status: Single _____ Widowed _____ Separated _____ Divorced _____ Married _____ (see below if yes)

Were you married by a Catholic priest? YES NO Is this your first marriage? YES NO

Name of Church & City/State: _____

Date of Marriage: _____

Name & Location of Former Parish: _____

Member Information:

HEAD OF HOUSEHOLD

SPOUSE (if applicable)

Title (e.g. Dr/Mr/Mrs/Ms): _____

Name: _____

Nickname you prefer: _____

Maiden Name: _____

Date of Birth: _____

E-mail Address: _____

Mobile Phone: _____

Religion: _____

Occupation: _____

Place of Employment: _____

Language(s) spoken: _____

Special Needs (if any): _____

Sacraments Received (dates if known):

Baptized YES NO Date: _____

YES NO Date: _____

First Communion YES NO Date: _____

YES NO Date: _____

Confirmation YES NO Date: _____

YES NO Date: _____

Children or Other Dependents (Living at Home)

Name	Birth Date	Religion	Baptized	First Comm.	Confirmation	School	Grade	Sex

For Office Use:

Member ID Number: _____

Entered By: _____

Date Received: _____

Date Registered: _____