



# 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: \_\_\_\_\_
- 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: \_\_\_\_\_  
Date Received Date Enter Other Send Welcome Pkg.