

St. Matthew Parish

1303 Lincolnshire Drive • 1303 Lincolnshire Drive • Champaign, Illinois • (217) 359-4224

NEW MEMBER REGISTRATION

Family Last Name: _____

Address: _____

City/Zip: _____ Home 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)

First Name: _____

Nickname you prefer: _____

Maiden Name: _____

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

Date of Birth: _____

Religion: _____

Handicap (if any): _____

Language(s) spoken: _____

Occupation: _____

Place of Employment: _____

Business Phone: _____

E-mail Address: _____

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: _____

Approved By: _____

Date Registered: _____