

# 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): \_\_\_\_\_

Baptized YES  NO  Date: \_\_\_\_\_

First Communion YES  NO  Date: \_\_\_\_\_

Confirmation YES  NO  Date: \_\_\_\_\_

YES  NO  Date: \_\_\_\_\_

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: \_\_\_\_\_