

# The Catholic Community of St. Matthias

**Last Name** \_\_\_\_\_ **Title:** (Circle One) *Mr. and Mrs.* *Mr.* *Mrs.* *Ms.* *Dr. and Mrs.* *Mr. and Dr.* *Dr. and Dr.*

**Address** \_\_\_\_\_ **P.O. Box** \_\_\_\_\_

**City & State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone #** ( ) \_\_\_\_\_ **Listed** \_\_\_\_\_ **Unlisted** \_\_\_\_\_

**Date Registered** \_\_\_/\_\_\_/\_\_\_ **Lifestyle:** (Circle One) **Single** **Married** **Separated** **Divorced** **Widowed** If married, is your marriage recognized by the Catholic Church? \_\_\_\_\_

**Previous Parish and City** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

<b>REQUIRED DATA</b>	<b>Adult</b>		<b>Adult</b>		<b>Child</b>		<b>Child</b>		<b>Child</b>		<b>Child or Other</b>	
First Name												
Last Name if different												
Maiden Name												
Religion												
Disability												
Languages Spoken												
Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Date of Birth												
Baptism (circle one)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Communion (circle one)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Confirmation (circle one)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Occupation					Comments/Remarks:							
Location												
Business Telephone												