



**St. Matthew**  
Catholic Church

Office Use Only:	Date <input type="text"/>	Envelope # <input type="text"/>
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## Community of St. Matthew

### Family Registration Form

Please Print Clearly

**Welcome!** Please return completed form to St. Matthew Parish, 4100 E. 56th St., Indianapolis, IN 46220. Phone (317) 257-4297. Website: [www.saintmatt.org](http://www.saintmatt.org).

Family Name   Mr./Mrs.  Mr.  Mrs.  Miss  Ms.

Address   Married  Single  Divorced  Separated  Widowed

City, State, Zip  Wedding Date:

Phone #

Adult	Adult
First Name <input type="text"/> Date of Birth <input type="text"/>	First Name <input type="text"/> Date of Birth <input type="text"/>
Maiden Name <input type="text"/> Religion <input type="text"/>	Maiden Name <input type="text"/> Religion <input type="text"/>
Cell Phone <input type="text"/> Work Phone <input type="text"/>	Cell Phone <input type="text"/> Work Phone <input type="text"/>
E-Mail <input type="text"/>	E-Mail <input type="text"/>
Were You Baptized <input type="checkbox"/> Date of Baptism <input type="text"/>	Were You Baptized <input type="checkbox"/> Date of Baptism <input type="text"/>
Were You Confirmed <input type="checkbox"/> Date of Confirmation <input type="text"/>	Were You Confirmed <input type="checkbox"/> Date of Confirmation <input type="text"/>
Last School Grade Completed <input type="text"/> Degree <input type="text"/>	Last School Grade Completed <input type="text"/> Degree <input type="text"/>
Occupation <input type="text"/> Employer <input type="text"/>	Occupation <input type="text"/> Employer <input type="text"/>

Children living at home:

Child	Child	Child	Child
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>	Last Name <input type="text"/>
Gender <input type="checkbox"/> DOB <input type="text"/>	Gender <input type="checkbox"/> DOB <input type="text"/>	Gender <input type="checkbox"/> DOB <input type="text"/>	Gender <input type="checkbox"/> DOB <input type="text"/>
Baptism Date <input type="text"/>	Baptism Date <input type="text"/>	Baptism Date <input type="text"/>	Baptism Date <input type="text"/>
Confirmation Date <input type="text"/>	Confirmation Date <input type="text"/>	Confirmation Date <input type="text"/>	Confirmation Date <input type="text"/>
School <input type="text"/>	School <input type="text"/>	School <input type="text"/>	School <input type="text"/>
Grade <input type="text"/>	Grade <input type="text"/>	Grade <input type="text"/>	Grade <input type="text"/>

Children not living at home(name/age)