

# 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.	Confirma-tion	School	Grade	Sex

*For Office Use:*

Member ID Number: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date Registered: \_\_\_\_\_