

# St Matthew Catholic Church Adult Faith Formation Registration

**PLEASE PRINT:**

Name: \_\_\_\_\_

(Maiden name if different from above: \_\_\_\_\_)

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Registered at St. Matthew's? yes \_\_\_\_\_ no \_\_\_\_\_

**SACRAMENTS RECEIVED TO DATE:**

BAPTISM: yes\_\_\_ no\_\_\_ In the Catholic Church? yes\_\_\_ no\_\_\_

CONFIRMATION: yes\_\_\_ no\_\_\_ EUCHARIST: yes\_\_\_ no\_\_\_

MARRIAGE: yes\_\_\_ no\_\_\_ (If yes in the Catholic Church? yes\_\_\_ no\_\_\_)

ENGAGED TO BE MARRIED: yes\_\_\_ no\_\_\_ (If yes when? Date \_\_\_\_\_)

Mother's Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Sponsor's Full Name \_\_\_\_\_

**Registration Fee \$100.00**  
**(I understand registration fee is non-refundable \_\_\_\_\_ (initials))**

**CLASSES BEGIN PROMPTLY AT 6:30**  
**PLEASE ARRIVE AT LEAST 5 MINUTES BEFORE!**