

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!