

ST. MATTHEW CATHOLIC CHURCH
320 NORTH 20TH DRIVE + PHOENIX, AZ 85009
REGISTRATION FORM

DATE _____ **NEW MEMBER** _____ **UPDATE INFORMATION** _____

Family Last Name: _____

Address: _____ **City** _____ **Zip** _____

Household Phone: _____ **E-mail:** _____

Mass Time: Saturday 5:00 PM Sunday 7:30 AM 9:15 AM 11:15 AM

HEAD OF HOUSEHOLD

Last Name: _____ **First Name:** _____ **Birthdate:** _____

Cell Phone: _____ **Gender:** M / F **Married Status:** S / M / D **Religion:** _____

Occupation: _____ **Language:** English ___ Spanish ___ Other _____

Handicapped or Special Needs: _____

SACRAMENTS RECEIVED IN CATHOLIC CHURCH:

Baptism ___ **First Eucharist** ___ **Confirmation** ___ **First Reconciliation** ___ **Marriage** ___

Talents: _____

SPOUSE

Last Name: _____ **First Name:** _____ **Birthdate:** _____

Cell Phone: _____ **Gender:** M / F **Married Status:** S / M / D **Religion:** _____

Occupation: _____ **Language:** English ___ Spanish ___ Other _____

Handicapped or Special Needs: _____

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Talents: _____

NO PEANUTS FOR THE LORD: As registered Intentional Catholics we commit to contributing \$10 or more every Sunday to support our parish. Please use Sunday contribution envelopes.

ALL CHILDREN OVER THE AGE OF 18 ARE TO REGISTER SEPARATELY

Child's First Name _____ Last Name _____

Birthdate: _____ Language: English ___ Spanish ___ Other _____

Handicapped or Special Needs: _____

SACRAMENTS RECEIVED IN CATHOLIC CHURCH:

Baptism ___ First Eucharist ___ Confirmation ___ First Reconciliation ___

Child's First Name _____ Last Name _____

Birthdate: _____ Language: English ___ Spanish ___ Other _____

Handicapped or Special Needs: _____

SACRAMENTS RECEIVED IN CATHOLIC CHURCH:

Baptism ___ First Eucharist ___ Confirmation ___ First Reconciliation ___

Child's First Name _____ Last Name _____

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