

St. Matthew Church Confidential Membership Information Please Print Date: _____ E-mail address: HOME:	Confidential Family Information		
	Head of Household Last Name	Zip Code	Year Joined Parish
	Street Address	City	Languages Used at Home
	Home Phone Number	Are you unlisted? (Y/N)	

Personal Information

	Title (Mr., Mrs., Ms., Dr., etc.)	First Name and Initial	Last Name if different from Family Name	Suffix (Jr., PhD, etc.)	Family Relationship To Head Of Household (Parent, Child, Brother, Mother-in-law, etc...)	Student Y/N (Grade)	Occupation	Work Phone #	Cell Phone #	Parish Ministry /Group /Organization
1										
2										
3										
4										
5										
6										
7										
8										

PLEASE COMPLETE THE REST OF THIS FORM ON THE REVERSE

	First Name & Initial	Gender (M,F)	Date of Birth (MM/DD/YY)	Religion	Baptized? (Y,N) Date	Rec'd First Communi-on? (Y,N) Date	Con-firmed? (Y,N) Date	Ethnicity (Optional)	Disability? (Vision, Hearing, Physical, Developmental, etc.) (Optional)	Home bound ? (Y/N)
1										
2										
3										
4										
5										
6										
7										
8										

Additional Information

	First Name & Initial	Talents and Skills you wish to share	Comments/Suggestions:
1			Would you like a member of the clergy to visit your home?
2			
3			
4			
5			
6			
7			

