



PARISH REGISTRATION

Family Name: _____

Address: _____

Home phone: _____ **Zip:** _____

Couple's Information:

Husband's First name: _____ **Wife's First name:** _____

Maiden Name: _____

Date of Birth: _____ **Date of Birth:** _____

Religion: _____ **Religion:** _____

Occupation: _____ **Occupation:** _____

Employer: _____ **Employer:** _____

Cell Phone: _____ **Cell Phone:** _____

Email: _____ **Email:** _____

Marital Status: Married ____ Widow ____ Widower ____ Divorced ____ Separated ____

Marriage: Catholic ____ Protestant ____ Civil ____ Anniversary date: mm/day/year _____

Single's Information:

First name: _____ **Date of Birth:** _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____

Religion: _____ **Employer:** _____

Children: (When children reach twenty (22) years of age, they should register independently.)

Name: _____ **Date of Birth:** _____ **Received Sacraments**

_____ (M/F) _____ Baptism ☐ Eucharist ☐ Confirmation ☐

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_____ (M/F) _____ Baptism ☐ Eucharist ☐ Confirmation ☐

I hereby consent to have (my/my family) information (i.e. names, address and phone number) published in the Parish Directory (Signature)_____

I do not wish to be published in the Parish Directory (Signature)_____

Sometimes group pictures are taken at parish functions; may we publish them on our website or other printed material? I hereby consent to have (my/my family) image published (Signature)_____

I do not wish to have my image published (Signature)_____

Please check below to explain any special circumstances:

_____ **A relative/friend lives with us and is home-bound; would like to receive Communion.**

_____ **We would like an appointment to discuss having our marriage validated.**

_____ **One or more of us is interested in joining the Catholic faith, and we need initiation information.**

_____ **We have a child(ren) who has not received Baptism, First Eucharist, Reconciliation and/or Confirmation; please contact us.**

_____ **Our child(ren) has a learning disability and needs special religious instruction.**

_____ **Our child(ren) is mentally challenged and cannot participate at Mass or receive the Sacraments.**

_____ **We would like the bulletin sent by mail; am disabled and unable to participate at Mass on a regular basis.**

MINISTRY OPPORTUNITIES

First Name(s): _____

I would like to be contacted to participate in the following ministry(s). Please circle all that apply.

Liturgy: Altar Server, Decorating, EMHC, Greeter, Lector, Music, Usher

Formation: OCIA, Adult Faith Formation, Prayer Chain, Rosary Leader

Outreach: Athletic Assn, Dust Buddies, Gardeners of God, Knights of Columbus, Pro-Life, Minutemen, Prayer Shawl, Security, Medical, SVdP, Welcoming Comm., WWG, Stephen Ministry

Please contact me via: ☐ Email ☐ Text ☐ Home Phone ☐ Cell Phone

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Formation: RCIA, Adult Faith Formation, Prayer Chain, Rosary Leader

Outreach: Athletic Assn, Dust Buddies, Gardeners of God, K of C., Pro-Life, Minutemen, Prayer Shawl, Security, Medical, SVdP, Welcoming Comm., WWG

Please contact me via: ☐ Email ☐ Text ☐ Home Phone ☐ Cell Phone

For children wishing to participate as Altar Servers or in other ministries, please include name, year in school and parental contact information. _____

_____ **Religious Education.** Please see the St. Matthew website at stmatthewbellevue.org.