

St. Matthew the Evangelist Parish Registration

139 Spruce Street
Minersville, PA 17954

Phone: (570)-544-2211 Fax: (570)-544-2317
www.StMatthewTheEvangelistParish.org

** PLEASE PRINT

DATE OF REGISTRATION _____

Last Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____

** Permission To Publish: Phone Address E-Mail

Are you married? Yes No N/A Are you living together? Yes No N/A

Marriage Information:

Church: _____ Other: _____
City: _____
State, Zip: _____
Date of Marriage: _____
Marriage performed by:
Priest Other
Deacon

** Please complete as much information as possible

Household Information:

Mr. Mrs. Ms. First: _____ Middle: _____
Last: _____ D.O.B. _____

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City, State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Mr. Mrs. Ms. First: _____ Middle: _____
Last: _____ D.O.B. _____

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City, State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

** Please complete as much information as possible

Children in Residence:

Male Female First: _____ Middle: _____
Last: _____ D.O.B. _____

Education

Elementary School Name: _____ City, St.: _____
High School Name: _____ City, St.: _____
College/University Name: _____ City, St.: _____

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City, State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Male Female First: _____ Middle: _____
Last: _____ D.O.B. _____

Education

Elementary School Name: _____ City, St.: _____
High School Name: _____ City, St.: _____
College/University Name: _____ City, St.: _____

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City, State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Male Female First: _____ Middle: _____
Last: _____ D.O.B. _____

Education

Elementary School Name: _____ City, St.: _____
High School Name: _____ City, St.: _____
College/University Name: _____ City, St.: _____

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City, State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Others in Residence:

Mr. Mrs. Ms. First: _____ Middle: _____
Last: _____ D.O.B. _____

<u>Sacraments</u>	<u>Date</u>	<u>Church</u>	<u>City, State</u>
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

Do you want working adults (over 18 yrs.) in your household to receive separate envelopes? Yes No
If yes is checked, please indicate name(s): _____

PLEASE SIGN

DATE