

Registration Date: ____/____/____

St. Matthew Parish
5401 Loch Raven Boulevard
Baltimore, MD 21239

Family Information

Last Name	_____	Envelope Number	_____
Family Email	_____	Mailing Name	_____
Home Phone	_____	Emergency Phone	_____

Address Information

Address 1 _____

Address 2 _____

City _____ State _____ Zip/Postal _____

Publish Phone Publish Address Publish Email Receive Visits Receive Contribution Envelopes

Member Information

First Name	_____	Status at Parish	_____
Role	_____	Nick Name	_____
Date of Birth	_____	Gender	___ M / ___ F
Email	_____	Maiden Name	_____
Ethnicity	_____	Birth Place	_____
First Language	_____	Work Phone	_____
Special Needs	_____	Cell Phone	_____
		High School Grad Year	_____

Sacrament Information

<input type="checkbox"/> Catholic	_____ / _____ / _____	<input type="checkbox"/> Baptism	_____ / _____ / _____
		Location	_____
<input type="checkbox"/> Reconciliation Prep	_____ / _____ / _____	<input type="checkbox"/> First Eucharist	_____ / _____ / _____
Location	_____	Location	_____
<input type="checkbox"/> Confirmation	_____ / _____ / _____	<input type="checkbox"/> Catholic Marriage	_____ / _____ / _____
Location	_____	Location	_____

Mail completed form to St. Matthew Catholic Church, 5401 Loch Raven Blvd, Baltimore, MD 21239 OR email the completed PDF to cheemann@archbalt.org.

If you have more than 3 people in your family, please use more than one form.

Member Information

First Name _____
Role _____
Date of Birth _____
Email _____
Ethnicity _____
First Language _____
Special Needs _____

Status at Parish _____
Nick Name _____
Gender ____ M / ____ F
Maiden Name _____
Birth Place _____
Work Phone _____
Cell Phone _____
High School Grad Year _____

Sacrament Information

_____ / _____ / _____

Catholic

 Reconciliation Prep _____ / _____ / _____
Location _____

 Confirmation _____ / _____ / _____
Location _____

Baptism _____ / _____ / _____
Location _____

 First Eucharist _____ / _____ / _____
Location _____

 Catholic Marriage _____ / _____ / _____
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