St. Matthew Parish Registration

1240 NE 127th St, Seattle, WA 98125
206-363-6767

Family Name _____ Family Phone _____

Street Address _____ City _____ Zip _____

Mailing Address *or* PO BOX _____ City _____ Zip _____

☐ Please send envelopes

☐ Married ☐ Married in Catholic Church ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

Member	**1st Adult**	**2nd Adult/Spouse**	**Minor Child**	**Minor Child**	**Child or Adult**	**Child or Adult**
First Name						
Last Name						
Birthdate (Mo/Day/Year)						
Sex (M/F)						
Cell Phone						
Email						
Grade if in School						
Religion (if not Catholic)						
Primary Language						
Occupation						
Work Phone & Ext						
Sacramental Status						
Baptism (Y/N) and date/location						
First Eucharist (Y/N) and date/location						
Confirmation (Y/N) and date/location						