

Parish Registration – Welcome to St. Matthew’s!

St. Matthew’s Church *25 Mountainview Street, Voorheesville, NY 12186 *518-765-2805

Please print clearly. Thank you!

Household Name _____

How would you prefer your mail be addressed? _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____

Home Phone _____ (Unlisted? _____) Cell _____ Email _____

Please share any special circumstances or household arrangements we should be aware of:

Do you wish to receive weekly Parish Contribution Envelopes? Yes _____ No _____

Would you prefer E-Giving? (We will email you the necessary paperwork) Yes _____ No _____

Do you wish to receive *The Evangelist*, our Diocesan Newspaper? Yes _____ No _____

Do you go away for part of the year? Yes _____ No _____ If yes, approximate dates _____ to _____

If yes, during this time, _____ and _____.

Please list all current members of your household:

	Head 1	Head 2	___Other Adult ___Child	___Other Adult ___Child	___Other Adult ___Child	___Other Adult ___Child
First Name						
Nickname						
Last Name						
Date of Birth						
Religion						
Occupation						
Company or School						
Business Phone						
Present Grade (Children only)						
Sex (circle)	M F	M F	M F	M F	M F	M F
Sacraments Received	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage	___Baptism ___Communion ___Confirmation ___Marriage
Personal Status*						

*M=Married; S=Single; W=Widowed; D=Divorced; Sep=Separated; R=Member of Religious Order