



The Roman Catholic Community  
Of

St. Matthew Church  
120 Church Avenue  
Forestville, CT 06010

Phone: (860) 583-1833 Fax: (860) 582-6152  
E-mail: rectory@stmatthewrcc.com Website: www.stmatthewrcc.com

**Confidential Census Data Registration Form**

**Please print and complete all information.**

Family Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Spouse \_\_\_\_\_

Circle Preferred Title: Mr./Mrs. Mr. Mrs. Ms. Miss Dr. Dr./Mrs. Mr./Dr. Dr./Dr. Other \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Unlisted: Yes ( ) No ( ) Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status (circle one): Single Married Engaged Separated Widowed Divorced Wife's Maiden name: \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_ Catholic Church ( ) Other Church ( ) Civil Court ( )

Please check here if you do NOT want to receive offertory envelopes: \_\_\_\_\_

**Comments/Remarks/Additional Talents and Ministries Etc.** \_\_\_\_\_

**Please Complete Other Side Of This Form**

**Member Information: Please use space on front for expanded information**

**\*List Only Those Minor Children Living at Home. Do not include children 18 and over and/or who have graduated from college.\***

	Head	Spouse	Child	Child	Child
First Name					Child
Nick Name					
Maiden Name/ Last Name If Different					
Religion					
Special Needs					
Shut in					
Language					
Occupation					
Employer/School					
Current Grade or Highest Grade Completed					
Sex	M F	M F	M F	M F	M F
Date of Birth					
Baptism	Y N	Y N	Y N	Y N	Y N
Communion	Y N	Y N	Y N	Y N	Y N
Confirmation	Y N	Y N	Y N	Y N	Y N
Matrimony	Y N	Y N	Y N	Y N	Y N
Interested in CCD/RCIA	Y N	Y N	Y N	Y N	Y N
Ministries/Talents					
Will Volunteer For:					
Completed VIRTUS Training	Y N	Y N			

For office use only: Date Received: \_\_\_\_\_ Letter: \_\_\_\_\_ Entered in PDMS: \_\_\_\_\_ AAA: \_\_\_\_\_