The Roman Catholic Community
Of
St. Matthew Church

120 Church Avenue
Forestville, CT 06010

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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					
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: _____