

CHURCH OF ST. CLEMENT-REGISTRATION

LAST NAME: _____

ADDRESS: _____

City/Town

Zip

PHONE NUMBER: _____ EMAIL ADDRESS _____

ADULT NAMES:

Male: _____

Date of Birth

*Marital Status
(see below)

Date of Marriage

Religion

Female: _____

(Maiden Name)

Date of Birth

*Marital Status
(see below)

Date of Marriage

Religion

CHILDREN (Please indicate if child's last name is different from above)

(M or F)	Name	Date of Birth	Sacraments & Where Received (Baptism/Communion/Confirmation)	Registered in CCD y/n
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*Marital Status – Indicate (1) Married by a Priest or Deacon (2) Married by Minister (3) Married CIVILY

NAME OF CHURCH WHERE MARRIED _____

IF NOT MARRIED IN THE CATHOLIC CHURCH, WHERE MARRIED _____

DO YOU WANT TO RECEIVE ENVELOPES _____ ONLINE GIVING INFORMATION _____

_____ Yes I would like to receive email/text messages (or both) from St. Clement for special announcements:

By my email: _____

By text message: _____

172 Freneau Avenue, Matawan, NJ 07747 . 732-566-3616 . Fax 732-566-9275

www.stclementmatawan.org