CHURCH OF ST. CLEMENT-REGISTRATION

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| LAST NAME: Click or tap here to enter text.  |
| ADDRESS:Click or tap here to enter text. City/Town: Click or tap here to enter text. Zip |
| PHONE NUMBER: Click or tap here to enter text. EMAIL ADDRESS:Click or tap here to enter text. |
| ADULT NAMES:  |
| Male:Click or tap here to enter text. Date of Birth: Click or tap here to enter text. Marital Status (\*see below)Click or tap here to enter text. Date of Marriage: Click or tap here to enter text. \*Indicate (1) married by priest/deacon, (2) married by minister, (3) married civilly Click Religion Click here  |
| Female: Click or tap here to enter text. (Maiden Name) Click or tap here to enter text. Date of Birth:Click or tap here to enter text. Marital Status (\*see below) Date of MarriageClick to enter text. ReligionClick to enter text. \*Indicate (1) married by priest/deacon, (2) married by minister, (3) married civilly Click  |
| CHILDREN (Please indicate if child’s last name is different from above)Click or tap here to enter text. |
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| Baptism Church/Town/Date:Click or tap here to enter text.  |
|   Communion Church/Town/DateClick or tap here to enter text.  |
| Confirmation Church/Town/DateClick or tap here to enter text.  |

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| Child registered in CCD? \_\_\_\_\_\_\_  |
| (M or F) Name Date of Birth Baptism Church/Town/Date:Click or tap here to enter text.  |
|   Communion Church/Town/DateClick or tap here to enter text.  |
| Confirmation Church/Town/DateClick or tap here to enter text.  |
| Child registered in CCD? \_\_\_\_\_\_\_ \_\_\_ I would like to receive weekly envelopes.\_\_\_ I would like to receive email/text messages (or both) from St. Clement for special announcements: |
| By my email:  |
| By text message:  |

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