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 & Church/Town 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. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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? \_\_\_\_\_\_\_ |
| (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: |

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