

St. Matthias

1200 West Sprague Rd.
Parma, Ohio 44134
(440) 888-8220

PARISH REGISTRATION FORM

**Please fill out the form below, and schedule an appointment with
Dianne Laheta at 440-888-8220, ext 24 to complete registration. Thank you**

Family Name _____

How should mail to your home be addressed? (ex. Mr. & Mrs.) _____

Use both names on family mail y / n _____

Address _____

City _____

State ___ Zip Code _____ Home Phone _____

Family Email _____

If married, please complete the following:

Marital Status _____

Marriage Date _____

Marriage Church _____

Marriage City & State _____

How did you learn about St. Matthias? _____



Date _____

Signature _____

Individual Information	Head of Household	Spouse
First Name		
Middle Name		
Last Name		
Preferred Name		
Maiden Name		
Date of Birth		
Gender Male/Female		
Religion		
Primary Language		
Second Language		
Mailing Language		
Employer		
Occupation		
Work Phone / Extension		
Baptized Yes/No		
Church		
City & State (province)		
Eucharist Yes/No		
Church		
City & State (province)		
Confirmed Yes/No		
Church		
City & State (province)		

OFFICE USE ONLY

REVIEWED _____

ENTERED _____

ENVELOPE _____

Children/Others Living at Home

Parish Registration Form

Individual Information	First	Second	Third	Fourth	Fifth	Sixth
Relationship to registrant: Adult, daughter, granddaughter, grandson, son, other						
First Name						
Middle Name						
Last Name						
Preferred Name						
Maiden Name						
Date of Birth						
Gender Male/Female						
Religion						
Religious Ed Grade						
School Grade						
School Attending						
Primary Language						
Second Language						
Employer						
Occupation						
Work Phone/Extension						
Baptized Yes/No						
Baptism Date						
Church						
City/State						
Eucharist Yes/No						
Eucharist Date						
Church						
City/State						
Confirmed Yes/No						
Confirmation Date						
Church						
City/State						