

# ST. MATTHEW'S CHURCH

# JACKSONVILLE, FLORIDA

1. Family Name \_\_\_\_\_

2. Husband \_\_\_\_\_ Catholic \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

3. Wife \_\_\_\_\_ Catholic \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

4. Single Adult (Mr. Mrs. Miss) \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

5. Address \_\_\_\_\_ City \_\_\_\_\_

6. Telephone \_\_\_\_\_

7. Children	Name:	Age	School	Grade

(over)

Dear Father,

I wish to participate in the following parish activities:

Lector

Teacher C.C.D.

Choir

Substitutue Teacher, C.C.D.

Cantor

Aide

Usher

Altar Care

Women's Guild

CYO Advisor

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_