

**St. Matthew R.C. Church  
ALTAR SERVER REGISTRATION**

Please Print. One Form per Server

Name: \_\_\_\_\_

Grade (must be 4<sup>th</sup> or higher in 2011-2012): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_

School Attending (2011-2012): \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

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Please indicate your first and second choices of Masses to serve.

Saturday Vigil: 5:00 PM \_\_\_\_\_

Sunday:

7:00 AM \_\_\_\_\_ 8:00 AM \_\_\_\_\_ 9:30 AM \_\_\_\_\_ 11:00 PM \_\_\_\_\_

12:15 PM \_\_\_\_\_ 5:15 PM \_\_\_\_\_

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Please indicate if you have a sibling that serves, and if you want to serve together:

Sibling: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, serve together: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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Any questions, please call Hugo Hugasian at 631-586-3932.

Parental Consent: \_\_\_\_\_

Signature

**PLEASE RETURN THE COMPLETED FORM TO THE PARISH OFFICE**