



ST. MATTHEW CHURCH

St. Matthew Catholic Church
1555 Glen Ellyn Rd.
Glendale Heights, IL 60139
Faith Formation Office # 630-469-6300 x318
faithformationoffice@stmatthewchurch.org

Sacramental Profile Sheet

Please return this completed form to the Faith Formation Office by November 8, 2026

Name of Student: _____ Today's Date: _____

Sacrament(s) which your child will receive in September 2027: 1st Communion Confirmation

Date of Birth: _____

Place of Birth: _____
City State Country

Date of Baptism: _____

Church of Baptism: _____

Address of Church: _____
Street Address City State & Zip Country (if not U.S.)

PLEASE NOTE: If your child was not Baptized at St. Matthew Parish, we must have a copy of his/her Baptismal certificate on file.

Parents' Names: Father's Name: _____
(Full names, please)

Mother's Maiden name: _____

Address: _____
Street Address City State & Zip

Parents' Best Email: _____ (Mom or Dad?)

Parents' Best Cell Phone Number: _____ (Mom or Dad?)

Information Needed for Confirmation:

* Your child's height (which is needed for his/her Confirmation gown): _____

