

Envelope # _____

ST VINCENT DE PAUL CATHOLIC CHURCH

6828 Old Reid Road
Charlotte, NC 28210

PARISH REGISTRATION FORM



Date: _____

Previous Parish: _____

Circle One: (How would you like to receive addressed mail?)

MISS MS MR MRS MR&MRS DR&MRS MR&DR DR&DR DR

LAST NAME: _____

NAME: _____

Marital Status (Please circle one)

ADDRESS: _____

CITY: _____

Married Single Widow Separated Divorced

ZIP: _____ PHONE: _____

Church of marriage: _____

EMAIL: _____

Date of marriage: _____ City/State: _____

Please fill in for Each	Head	Spouse	Child	Child	Child	Child
First Name						
Last Name (IF different)						
Religion						
2 nd Language						
Occupation						
Work Phone						
Date of Birth						
Sex (M or F)						
Handicap or Disability						
Baptized? (Y or N)						
First Communion? (Y or N)						
1 st Confession? (Y or N)						
Confirmation? (Y or N)						
Grade or Degree						
Ethnicity						