

Envelope # _____

ST VINCENT DE PAUL CATHOLIC CHURCH

6828 Old Reid Road

PARISH REGISTRATION FORM



Date: _____ Previous Parish: _____ Do you wish to receive offertory envelopes? _____

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: _____ **PRIMARY 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						
Languages Spoken						
Ethnicity						
Cell Phone Numbers						
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						
Occupation						