

# St. Vincent de Paul Church

## Registration Form

Family Name \_\_\_\_\_ Date: \_\_\_\_\_ Church use: ID #- \_\_\_\_\_ Date entered/by who \_\_\_\_\_

Address \_\_\_\_\_

Landline phone: \_\_\_\_\_ Cell phone Adult #1: \_\_\_\_\_ Cell phone Adult #2: \_\_\_\_\_

Email Adult #1: \_\_\_\_\_ Email Adult #2: \_\_\_\_\_

List only those living with you (include Last name if different)	Date of Birth	Place of Birth	Catholic yes/no	Baptism Where/when?	1 <sup>st</sup> comm. Where/when?	Confirmation Where/when?	Occupation
Adult #1							
Adult #2							
Child #1							
Child #2							
Child #3							
Others Living with You and How related							

Does the Family want envelopes: Yes \_\_\_ Please check which ones: Weekly \_\_\_ Monthly \_\_\_ Quarterly \_\_\_

Does any family member have any special needs? (ie: hearing impaired, homebound, wheelchair, etc): \_\_\_\_\_

What brings you to St. Vincent de Paul at this time? \_\_\_\_\_

Time/Talent/Treasure Please list talents & skills that you would like to share with the parish? \_\_\_\_\_

Would you or anyone in your household like additional information about parish ministries or volunteer programs? \_\_\_\_\_