Parish Registration for St. Vincent de Paul Catholic Church

Today's Date: ____/____/_____

Family Last Name:	**Home Phone:**
Circle One: **Mr/Mrs Mr Mrs Ms Miss**	**Family Email:**
Address:	**Marital Status: *(circle one)*** **engaged single married widowed separated divorced**
City/Zip:	**Neighborhood /Subdivision Name:**

Names of Adult Members (first & last name)	Religion	Date of Birth	Baptized Yes or No	Communion Yes or No	Confirmed Yes or No	Cell Phone & Email	Occupation & Business Phone
		__/__/___					
		__/__/___					
		__/__/___					

Names of Children Living at Home (first & last name)	Religion	Date of Birth	Gender	Baptized Yes or No	Communion Yes or No	Confirmed Yes or No	Cell Phone	Grade	Name of School
		__/__/___							
		__/__/___							
		__/__/___							
		__/__/___							
		__/__/___							
		__/__/___							