



# ST. VINCENT DE PAUL

CATHOLIC PARISH & SCHOOL

Office Use Only

Envelope No. \_\_\_\_\_

Date Registered \_\_\_\_\_

Date Deleted \_\_\_\_\_

Date Reinstated \_\_\_\_\_

Family Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Your Name: \_\_\_\_\_

Prefix: \_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been baptized? Y / N

If yes, please list the approximate date, church, and city/state of baptism.

\_\_\_\_\_

Have you received First Communion in the Catholic Church? Y / N

Have you received Confirmation in the Catholic Church? Y / N

Marital Status (circle one): single married divorced  
widowed divorced & remarried

Marriage Date: \_\_\_\_\_

Marriage Type: Catholic / Christian / Civil

Spouse's Name: \_\_\_\_\_

Prefix: \_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Have they ever been baptized? Y / N

If yes, please list the approximate date, church, and city/state of baptism.

\_\_\_\_\_

Have they received First Communion in the Catholic Church? Y / N

Have they received Confirmation in the Catholic Church? Y / N

Child #1 Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Has this child ever been baptized? Y / N

If yes, please list the date, church, and city/state of baptism. \_\_\_\_\_

\_\_\_\_\_

Has this child received First Communion in the Catholic Church? Y / N

Has this child received Confirmation in the Catholic Church? Y / N

Child #2 Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Has this child ever been baptized? Y / N

If yes, please list the date, church, and city/state of baptism. \_\_\_\_\_

\_\_\_\_\_

Has this child received First Communion in the Catholic Church? Y / N

Has this child received Confirmation in the Catholic Church? Y / N

Child #3 Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Has this child ever been baptized? Y / N

If yes, please list the date, church, and city/state of baptism. \_\_\_\_\_

\_\_\_\_\_

Has this child received First Communion in the Catholic Church? Y / N

Has this child received Confirmation in the Catholic Church? Y / N

See the back for how you can get involved (and if you have more children living with you, you can add them there!) Return this sheet to our parish office or to [todd@saintvincent.org](mailto:todd@saintvincent.org).

# Get Involved!

Circle any groups or ministries that you would like to learn more about.

## COMMUNITY

Knights of Columbus  
High School Youth Group  
SVdP Young Adults  
Coffee & Cards for Seniors  
Helping Plan Parish Life  
Events

## LITURGY & PRAYER

### **Liturgical Ministries**

Lector / Usher /  
EMHC / Sacristan /  
Altar Server /  
Sanctuary Decor /  
Launder Altar Linens  
Music Ministry  
Adoration Chapel  
Small Group Bible Study

## EVANGELIZATION & SERVICE

Youth Group Leader  
Respect Life Team  
SVdP Society  
Service to the Poor  
Marriage Mentoring

Other: \_\_\_\_\_  
\_\_\_\_\_

(list any talent, skill, or service that you would like  
to share with our parish!)

Child #4 Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Has this child ever been baptized? Y / N

If yes, please list the date, church, and city/state  
of baptism. \_\_\_\_\_

Has this child received First Communion in the  
Catholic Church? Y / N

Has this child received Confirmation in the  
Catholic Church? Y / N

Child #5 Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Has this child ever been baptized? Y / N

If yes, please list the date, church, and city/state  
of baptism. \_\_\_\_\_

Has this child received First Communion in the  
Catholic Church? Y / N

Has this child received Confirmation in the  
Catholic Church? Y / N

Child #6 Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Has this child ever been baptized? Y / N

If yes, please list the date, church, and city/state  
of baptism. \_\_\_\_\_

Has this child received First Communion in the  
Catholic Church? Y / N

Has this child received Confirmation in the  
Catholic Church? Y / N

Child #7 Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Has this child ever been baptized? Y / N

If yes, please list the date, church, and city/state  
of baptism. \_\_\_\_\_

Has this child received First Communion in the  
Catholic Church? Y / N

Has this child received Confirmation in the  
Catholic Church? Y / N