Envelope No. (Office Use Only)		Date:

ST. VINCENT DE PAUL CATHOLIC CHURCH

LAST NAME:	PRIMARY PHONE:	PRIMARY EMAIL: Subscribe to Church Emails: □ Yes □ No

ADDRESS:	CITY:	ZIP CODE:

Marital Status: □ Single □ Married □ Widowed □ Divorced □ Separated **Catholic Marriage:** □ Yes □ No

Date of Marriage:	Church & City of Marriage:	Non-Catholic Marriage ex. Lutheran, etc.?

MEMBER 1:

FIRST NAME:	□ Male □ Female	DATE OF BIRTH:	□ Catholic □ Non-Catholic

CELL PHONE:	EMAIL: Subscribe to Church Emails: □ Yes □ No	MAIDEN NAME:	OCCUPATION:

PARISH & CITY OF BAPTISM:	SACRAMENTS RECEIVED (CHECK ALL THAT APPLY): □ First Reconciliation □ First Communion □ Confirmation	SPECIAL INTERESTS:

MEMBER 2:

FIRST NAME:	□ Male □ Female	DATE OF BIRTH:	□ Catholic □ Non-Catholic

CELL PHONE:	EMAIL: Subscribe to Church Emails: □ Yes □ No	MAIDEN NAME:	OCCUPATION:

PARISH & CITY OF BAPTISM:	SACRAMENTS RECEIVED (CHECK ALL THAT APPLY): □ First Reconciliation □ First Communion □ Confirmation	SPECIAL INTERESTS:

CHILDREN LIVING AT HOME

First Name	Date of Birth	Male/ Female	Parish & City of Baptism	Check Sacraments Received			Grade Level	Special Interests:
				First Reconciliation	First Communion	Confirmation		
1								
2								
3								
4								
5								