

# St. Vincent de Paul Catholic Church Registration Form

(Please Print)

Registration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_, Georgia Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please check Sacraments received:  Baptism  Eucharist  Reconciliation  Confirmation

Marital Status: *(please check all applicable)*  Married  Single  Widowed  Single Parent  Divorced  Separated

Catholic Marriage:  Yes  No If Yes, which Church/Where: \_\_\_\_\_

Spouse: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please check Sacraments received:  Baptism  Eucharist  Reconciliation  Confirmation

Last Parish attended: \_\_\_\_\_ City / State: \_\_\_\_\_

How Long: \_\_\_\_\_ Ministry(ies) involved in: \_\_\_\_\_

How did you hear about our parish? \_\_\_\_\_

Children	Birth Date	Grade Level	Baptism Date	1st Communion date	Confirmation date