

St Vincent de Paul Catholic Church

303 EAST HIGH STREET • MOUNT VERNON, OHIO 43050-3419
PHONE (740)392-4711 • FAX (740)392-4714 • ST-VINCENTDEPAUL.ORG

P.S. Family ID _____

Diocesan ID _____

Envelope Number _____

FAMILY REGISTRATION FORM

Address: _____ City _____ Zip code _____

Contribution Envelopes Weekly/Monthly? _____

Male Adult Last Name: _____

First Name: _____

Middle Name : _____

Birth Date: _____

Email: _____

Phone: _____

Occupation/Employer: _____

1st Language/2nd Language: _____

Female Adult Last Name: _____

First Name: _____

Maiden Name : _____

Birth Date: _____

Email: _____

Phone: _____

Occupation/Employer: _____

1st Language/2nd Language: _____

Baptized Yes No (if yes continue below)

Place of Baptism: _____ Date (__/__/__)

Sacramental Information and Dates (Catholic only)

Reconciliation 1st Communion Confirmation
(__/__/__) (__/__/__) (__/__/__)

Baptized Yes No (if yes continue below)

Place of Baptism: _____ Date (__/__/__)

Sacramental Information and Dates (Catholic only)

Reconciliation 1st Communion Confirmation
(__/__/__) (__/__/__) (__/__/__)

Marital Status: Single/Married/Separated/Divorced/Widowed

Church of Marriage: _____ City/State: _____

Celebrant Name: _____ Date: _____

-----Additional Family Members/Children Information-----

Relationship to Head of Household (Son, Daughter, Mother, etc.) _____

First _____ Middle _____ Last _____

Gender M/F Birthdate (__/__/__) Birthplace _____

Baptized Yes No (if yes continue below) Place of Baptism: _____ Date (__/__/__)

Sacramental Information and Dates (Catholic only) Reconciliation 1st Communion Confirmation
(__/__/__) (__/__/__) (__/__/__)

Relationship to Head of Household (Son, Daughter, Mother, etc.) _____

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Baptized Yes No (if yes continue below) Place of Baptism: _____ Date (__/__/__)

Sacramental Information and Dates (Catholic only) Reconciliation 1st Communion Confirmation
(__/__/__) (__/__/__) (__/__/__)

Additional Children/Members on Reverse

Additional Family Members/ Children Information Continued

If additional space is needed, please ask.

Relationship to Head of Household (Son, Daughter, Mother, etc.) _____

First _____ Middle _____ Last _____

Gender M/F Birthdate (___/___/___) Birthplace _____

Baptized Yes No (if yes continue below) Place of Baptism: _____ Date (___/___/___)

Sacramental Information and Dates (Catholic only) Reconciliation 1st Communion Confirmation
(___/___/___) (___/___/___) (___/___/___)

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Sacramental Information and Dates (Catholic only) Reconciliation 1st Communion Confirmation
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