

# 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 \_\_\_\_\_

Contributions: Online \_\_\_\_, Auto Withdrawal \_\_\_\_, Weekly Envelope \_\_\_\_, Monthly Envelope

Male Adult Last Name: \_\_\_\_\_

Female Adult Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name : \_\_\_\_\_

Maiden Name : \_\_\_\_\_

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

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

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

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

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

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

Occupation/Employer: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

1st Language/2nd Language: \_\_\_\_\_

1st Language/2nd Language: \_\_\_\_\_

Baptized Yes No (if yes continue below)

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Place of Baptism: \_\_\_\_\_ Date ( \_\_/\_\_/\_\_ )

Place of Baptism: \_\_\_\_\_ Date ( \_\_/\_\_/\_\_ )

Sacramental Information and Dates (Catholic only)

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Reconciliation 1st Communion Confirmation

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( \_\_/\_\_/\_\_ ) ( \_\_/\_\_/\_\_ ) ( \_\_/\_\_/\_\_ )

( \_\_/\_\_/\_\_ ) ( \_\_/\_\_/\_\_ ) ( \_\_/\_\_/\_\_ )

**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

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Additional Children/Members on Reverse

# Additional Family Members/ Children Information Continued

If additional space is needed, please ask.

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