

# Registration - St. Vincent de Paul Catholic Church

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Florida Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Village/Subdivision \_\_\_\_\_

Please Check:  Full Year Resident  Seasonal Resident  Updating Current Registration

If Seasonal Resident: Alternate Residence Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Months Usually Spent in Florida \_\_\_\_\_ Thru \_\_\_\_\_

## Head of Household

Mr. / Mrs. / Ms. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Religion \_\_\_\_\_

Baptism YES / NO First Communion YES / NO Confirmation YES / NO

Marital Status \_\_\_\_\_ Marriage Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Primary Language \_\_\_\_\_ Retired YES / NO

## Relationship to Head of Household \_\_\_\_\_

Mr. / Mrs. / Ms. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Religion \_\_\_\_\_

Baptism YES / NO First Communion YES / NO Confirmation YES / NO

Marital Status \_\_\_\_\_ Marriage Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Primary Language \_\_\_\_\_ Retired YES / NO

**Please list additional household members on the back of this form.**

**Interested in online giving? Please visit our website at: [www.faithdirect.net](http://www.faithdirect.net) and use our code: **FL914****

**Would you like to receive offertory envelopes? YES / NO**

How long have you been in this area? \_\_\_\_\_

How long attending St. Vincent de Paul Catholic Church? \_\_\_\_\_

Mass time preference (please circle) **Sat:** 4pm 6pm **Sun:** 8am 10am 12 Noon 2pm (in season)

Are there any homebound family members unable to attend Mass? YES / NO

## Emergency Contact Outside of Household

Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

(Continued on back)

## Additional Household Members Information

Relationship to Head of Household _____	Date of Birth _____ / _____ / _____	
Mr. / Mrs. / Ms. First Name _____	Last Name _____	
Religion _____		
Baptism YES / NO	First Communion YES / NO	Confirmation YES / NO

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Mr. / Mrs. / Ms. First Name _____	Last Name _____	
Religion _____		
Baptism YES / NO	First Communion YES / NO	Confirmation YES / NO

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Mr. / Mrs. / Ms. First Name _____	Last Name _____	
Religion _____		
Baptism YES / NO	First Communion YES / NO	Confirmation YES / NO

Additional Information:
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Completed form may be dropped in the offertory collection, brought to the Parish Office, mailed or emailed to:  
adminassist@sumtercatholic.org