

St. Vincent de Paul Catholic Church Registration Form

Envelope #: _____

Date: _____

Family Last Name: _____ Home Phone: _____

Florida Street / P.O. Box: _____

City: _____ Zip: _____ Village / Subdivision: _____

Please Check Your Residency Status: Full-Year Resident Seasonal Resident

If You are a Seasonal Resident:

Alternate Residence Street / P.O. Box: _____

City: _____ State _____ Zip: _____

HEAD OF HOUSEHOLD:

Mr. Mrs. Ms. First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Religion: _____ Primary Language _____

Baptism: YES NO 1st Communion: YES NO Confirmation: YES NO

Marital Status: _____ Marriage Date: _____

Name of Church in Which You Were Married: _____

City / State of Church: _____

SPOUSE INFORMATION:

Mr. Mrs. Ms. First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Religion: _____ Primary Language _____

Baptism: YES NO 1st Communion: YES NO Confirmation: YES NO

Interested in giving online? YES NO Please visit our website: <https://sumtercatholic.org/donate/parishsoft/>

Or would you rather receive offertory envelopes? YES NO

EMERGENCY CONTACT OUTSIDE OF THE HOUSEHOLD:

Name: _____ Relationship: _____

Phone: _____ City / State: _____

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

ADDITIONAL HOUSEHOLD MEMBER INFORMATION:

Relationship to Head of Household: _____ Date of Birth: _____
Mr. Mrs. Ms. First Name: _____ Last Name: _____
Religion: _____
Baptism: YES NO 1st Communion: YES NO Confirmation: YES NO

Relationship to Head of Household: _____ Date of Birth: _____
Mr. Mrs. Ms. First Name: _____ Last Name: _____
Religion: _____
Baptism: YES NO 1st Communion: YES NO Confirmation: YES NO

Relationship to Head of Household: _____ Date of Birth: _____
Mr. Mrs. Ms. First Name: _____ Last Name: _____
Religion: _____
Baptism: YES NO 1st Communion: YES NO Confirmation: YES NO

Relationship to Head of Household: _____ Date of Birth: _____
Mr. Mrs. Ms. First Name: _____ Last Name: _____
Religion: _____
Baptism: YES NO 1st Communion: YES NO Confirmation: YES NO

Relationship to Head of Household: _____ Date of Birth: _____
Mr. Mrs. Ms. First Name: _____ Last Name: _____
Religion: _____
Baptism: YES NO 1st Communion: YES NO Confirmation: YES NO

Relationship to Head of Household: _____ Date of Birth: _____
Mr. Mrs. Ms. First Name: _____ Last Name: _____
Religion: _____
Baptism: YES NO 1st Communion: YES NO Confirmation: YES NO

Additional Information:

Please drop your completed registration form in the offertory collection basket during Mass,
bringing it to the Parish Office, or email a scanned copy to: awelsh@sumtercatholic.org

WE LOOK FORWARD TO SEEING YOU!