

St. Vincent de Paul Parish Registration Form

Family Name:							Date:	
Address:							Phone:	
City:				Zip Code:			E-Mail:	
Christian Name/(Maiden Name)	Salutation Name	D.O.B.	Bap	Com	Conf	Practice	Work/School	Remarks
Place and Date of Marriage:							<input type="checkbox"/> Resident <input type="checkbox"/> Friend	

For Office Use

<input type="checkbox"/> Cards	<input type="checkbox"/> Parish List	<input type="checkbox"/> Envelope #	<input type="checkbox"/> Envelopes	<input type="checkbox"/> New Parishioners	<input type="checkbox"/> Newsletter	<input type="checkbox"/> House Blessing
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