

# 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	Faith	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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