

REGISTRATION FORM

St. Vincent de Paul Parish, 168 E. Wright Ave., Shepherd MI 48883

Family Address: _____ **State** _____ **Zip** _____

Member 1: _____ **Occupation:** _____ **Choose one:** Spouse Child Other _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Date of birth: ___/___/___ **Catholic?** Yes No **Status:** Married Divorced Separated Widowed Single

Sacraments already received: Baptism Confirmation First Communion Reconciliation

Member 2: _____ **Occupation:** _____ **Choose one:** Spouse Child Other _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Date of birth: ___/___/___ **Catholic?** Yes No **Status:** Married Divorced Separated Widowed Single

Sacraments already received: Baptism Confirmation First Communion Reconciliation

(Please list additional adult members on reverse.)

Child: _____ **Date of birth:** ___/___/___ **Sacraments Received:** Baptism Confirmation First Communion Reconciliation

Child: _____ **Date of birth:** ___/___/___ **Baptism** **Confirmation** **First Communion** **Reconciliation**

Child: _____ **Date of birth:** ___/___/___ **Baptism** **Confirmation** **First Communion** **Reconciliation**

Child: _____ **Date of birth:** ___/___/___ **Baptism** **Confirmation** **First Communion** **Reconciliation**

Child: _____ **Date of birth:** ___/___/___ **Baptism** **Confirmation** **First Communion** **Reconciliation**

Would you like to receive envelopes for contributions? Yes No

Would you like information on becoming a: Lector Minister of Communion Usher Altar Server Other _____

Parents: Are children involved in Religious Education or Youth Ministry? Yes No **Would you like to be contacted regarding this?** Yes No

Senior Citizens or Shut-Ins: Would you like Communion brought to your home? Yes No

Additional Adult Members

Member: _____ Occupation: _____ Circle one: Spouse Child Other _____

Cell Phone: _____ E-mail: _____

Catholic? Yes No Status: Married Divorced Separated Widowed Single

Date of birth: ____/____/____ Sacraments already received: Baptism Confirmation First Communion

Member: _____ Occupation: _____ Circle one: Spouse Child Other _____

Cell Phone: _____ E-mail: _____

Catholic? Yes No Status: Married Divorced Separated Widowed Single

Date of birth: ____/____/____ Sacraments already received: Baptism Confirmation First Communion

Member: _____ Occupation: _____ Circle one: Spouse Child Other _____

Cell Phone: _____ E-mail: _____

Catholic? Yes No Status: Married Divorced Separated Widowed Single

Date of birth: ____/____/____ Sacraments already received: Baptism Confirmation First Communion