



St. Vincent DePaul Catholic Community

NEW MEMBER REGISTRATION INSTRUCTIONS

Dear New Parishioner:

Welcome to St. Vincent de Paul Catholic Community! Please fill out the registration form, put it in the envelope provided, and place it in the box on the counter or in the weekly offertory. The office will register your information in the Parish records and mail you a set of contribution envelopes. If you have any questions, feel free to call the office at 239-693-0818 during regular hours.

Thank you and God bless,
St. Vincent de Paul Catholic Community



St Vincent de Paul Catholic Community

Parish Registration - PLEASE PRINT

HOUSEHOLD: LAST NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: _____

EMERGENCY CONTACT NAME/RELATIONSHIP/Phone#: _____

NORTHERN ADDRESS (IF APPLICABLE)

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE NUMBER: _____

ARE YOU A YEAR ROUND RESIDENT? YES OR NO

MONTHS YOU ARE HERE WITH US? From: _____ to _____

HEAD OF HOUSEHOLD: Name/Title (First, Middle, Last): _____

Nickname: _____ Gender: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Marital Status: Married - Single - Widowed - Separated - Divorced

Were you married by a Catholic Priest? _____ RELIGION: _____

Wedding Anniversary date: _____ Maiden Name: _____

Education level: High School ___yrs of college ___Masters ___Doctorate

OCCUPATION: _____ RETIRED FROM ? _____

PLEASE CHECK WHAT SACRAMENTS YOU HAVE RECEIVED:

___Baptized ___Confession/reconciliation ___First Communion ___Confirmation ___Marriage

SPOUSE: Name (First, Middle, Last): _____

Nickname: _____ Gender: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Marital Status: Married - Single - Widowed - Separated - Divorced

Were you married by a Catholic Priest? _____ RELIGION: _____

Wedding Anniversary date: _____ Maiden Name: _____

Education level: High School ___yrs of college ___Masters ___Doctorate

OCCUPATION: _____ RETIRED FROM ? _____

PLEASE CHECK WHAT SACRAMENTS YOU HAVE RECEIVED:

___Baptized ___Confession/reconciliation ___First Communion ___Confirmation ___Marriage

DO YOU HAVE MINOR CHILDREN LIVING AT HOME? YES NO

(Adult children living in your household must register on their own)

CHILD #1 - Name (First, Middle, Last): _____

Nickname: _____ Gender: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

RELIGION: _____

PLEASE CHECK WHAT SACRAMENTS HAVE BEEN RECEIVED:

Baptism Confession/reconciliation First Communion Confirmation

Church of Baptism: (Name, City & State) _____

CHILD #2 - Name (First, Middle, Last): _____

Nickname: _____ Gender: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

RELIGION: _____

PLEASE CHECK WHAT SACRAMENTS HAVE BEEN RECEIVED:

Baptism Confession/reconciliation First Communion Confirmation

Church of Baptism: (Name, City & State) _____

CHILD #3 - Name (First, Middle, Last): _____

Nickname: _____ Gender: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

RELIGION: _____

PLEASE CHECK WHAT SACRAMENTS HAVE BEEN RECEIVED:

Baptism Confession/reconciliation First Communion Confirmation

Church of Baptism: (Name, City & State) _____

CHILD #4 - Name (First, Middle, Last): _____

Nickname: _____ Gender: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

RELIGION: _____

PLEASE CHECK WHAT SACRAMENTS HAVE BEEN RECEIVED:

Baptism Confession/reconciliation First Communion Confirmation

Church of Baptism: (Name, City & State) _____

WAYS TO GIVE

We record all identifiable contributions to the parish.

What is your preference for tithing?

Weekly offering envelopes for personal checks/cash (Envelope # assigned)

Direct payments from your personal bank account

Credit card or debit card accepted in the back of the church at the credit card machine in the back of the church by the sound booth.



Ministries and stewardships to help your parish.

Please check below the ministries and talents you are blessed with that you would like to use to help your parish. Someone will contact you by phone or you can stop by the parish office during the week if you have any questions.

Name: _____

Phone # _____ Email: _____

Ministries & Stewardships	Head of Household	Spouse	Children
Adoration Society			
Adult Choir (Musician/singers/cantors)			
Altar Server			
Altar Society			
Building/Ground & Landscape Maintenance			
Housekeeping Helpers for church buildings			
Eucharistic Minister			
Knights of Columbus			
Lector			
Food for funeral luncheons			
Food Pantry (Our Lady's Cupboard) Helpers			
Fundraiser Dinners: cooks/helpers/servers			
Fundraiser Ticket Sellers			
Religious Education Teachers/Helpers			
Ushers Club			
Other			