St. Vincent de Paul Catholic Community

New Member Registration Form

Dear New Parishioner:

Welcome to St. Vincent de Paul Catholic Community! Please fill out the attached registration form and drop it off at the office or place in the weekly offertory basket. The office will register your information in the Parish records. If you wish to use offertory envelopes they are available in the Parish office Monday – Friday.

If you have any questions, please contact the parish office at 239-693-0818 during regular hours.

Thank you and God Bless,

St. Vincent de Paul Catholic Community



St. Vincent de Paul Parish Parish Registration – Please Print

Household: Last Name:	e <u>:</u> Date:					
Street Address:						
City/State/Zip:		Phone Number:				
Emergency Contact Nan	Phone:					
Northern Address (IF AF	PPICABLE) Street Add	dress:				
City	StateZip	Phone Nu	mber:			
Months you are here: Fi	rom:	_То:	Date you bega	n attending the Pa	rish	
Head Name/Title:	of				Ful	
Nickname:		Gender	Date o	f Birth:		
Phone Number:		Email:				
Marital Status: Please C	ircle: Married	- Single -	Widowed -	Separated -	Divorced	
Were you married by a	Catholic Priest:	Religion				
Wedding Anniversary D	ate:	Maiden Na	me			
Education Level: High S	chool Yrs. Colle	eger	Masters	Doctorate		
Occupation:		Retired From	m:			
PLEASE CHECK ALL SACR	AMENTS THAT YOU	HAVE RECEIVE	D:			
Baptism	Reconcilliation	Communic	onCon	firmation	Marriage	
Head Name/Title:	of		Household:		Ful	
Nickname:		Gender	Date o	f Birth:		
Phone Number:		Email:				
Marital Status: Please C	ircle: Married	- Single -	Widowed -	Separated -	Divorced	
Were you married by a	Catholic Priest:		Religion_			
Wedding Anniversary D	ate:	Maiden Na	me			
Education CollegeMasteRetired From:		ctorate		School ation:	Yrs	
PLEASE CHECK ALL SACR	AMENTS THAT YOU	HAVE RECEIVE	D:			
Baptism	Reconcilliation	Communic	onCon	firmation	Marriage	

Please register minor children below. Adult children must register on their own. Child #1 Full Name: ______Nickname: ______Nickname: ______ of Date Birth: Cell Phone: Gender: _____ Religion: _____ PLEASE CHECK ALL SACRAMENTS THAT THEY HAVE RECEIVED: _____Baptism _____Reconcilliation _____Communion _____Confirmation Child #2 Full Name: _____ Nickname: Date of Birth: Cell Gender: Phone: _ Religion: ______ Email: PLEASE CHECK ALL SACRAMENTS THAT THEY HAVE RECEIVED: _____Baptism _____Reconcilliation _____Communion _____Confirmation ___Nickname: _____ Child #3 Full Name: of Birth: Gender: Date Cell Phone: Email: ______ Religion: _____ PLEASE CHECK ALL SACRAMENTS THAT THEY HAVE RECEIVED: Baptism _____Reconcilliation _____Communion _____Confirmation Child #4 Full Name: _____Nickname: _____Nickname of Gender: Birth: Cell Phone: Date Email: ______ Religion: _____ PLEASE CHECK ALL SACRAMENTS THAT THEY HAVE RECEIVED: _____Baptism _____Reconcilliation _____Communion _____Confirmation

WAYS TO GIVE

We record all identifiable contributions to the Parish. W	/hat is your pref	ference for tith	ing?			
Weekly offering envelopes for personal ch	ecks/cash (Enve	elope # assigne	d)			
ACH Direct payments from personal bank account/credit card.						
Credit card or debit card are accepted in the video/sound booth.	ne back of the c	hurch at the cr	edit card machine by			
Bill pay through bank						
Website: stvincentftmyers.org						
TIME Talent	Íre	as	ure			
Name:	Phone #:					
Ministries and Stewardship	Head of Household	Spouse	Child(ren) Name(s)			
Adoration Society						
Adult Choir						
Altar Server						
Bingo Volunteers						
Buildings/Grounds & Landscape Maintenance						
Food Pantry (Our Lady's Cupboard) Helpers						
Housekeeping Helpers for church						
Eucharistic Ministers (Must be Married in the Catholic Church)						
Knights of Columbus						
Lector (Must be Married in the Catholic Church)						
Religious Education Teachers/Helpers						
Ushers						
Martha/Mary Welcoming Committee after Masses						

Youth Group