

# Registration - St. Vincent de Paul Catholic Church

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Last Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

His, First \_\_\_\_\_ Nick Name \_\_\_\_\_ His Cell # \_\_\_\_\_  
Unlisted Y or N

His email \_\_\_\_\_ (for parish use only)

Her, First \_\_\_\_\_ Nick Name \_\_\_\_\_ Her Cell # \_\_\_\_\_  
Unlisted Y or N

Her email \_\_\_\_\_ (for parish use only)

Florida address \_\_\_\_\_ ]  
Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Village/Subdivision/Neighborhood \_\_\_\_\_

Please Check:  Full-time Resident  Part-time Resident  Updating Current Registration

Months Usually Spent in FL \_\_\_\_\_ thru \_\_\_\_\_ Other address \_\_\_\_\_  
Month Month Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

If you are interested in an electronic deduction, please visit our Website at: [www.faithdirect.net](http://www.faithdirect.net) and use our code: **FL914**

I would like to receive envelopes: Please check  Yes  No Please check:  English  Bilingual

Interest/Talents/Skills	(1)	(2)	Household Members:	(1)	(2)
Computer	_____	_____	Relationship	_____	_____
Data Entry	_____	_____	Birth Date	____/____/____	____/____/____
Carpentry	_____	_____	Religion (Cath, Prot, etc.)	_____	_____
Event Planning	_____	_____	Baptism	Y/N	Y/N
Medical	_____	_____	First Communion	Y/N	Y/N
Law Enforcement	_____	_____	Confirmation	Y/N	Y/N
Education	_____	_____	Marital Status	_____ <b>S</b> -Single; <b>M</b> -Married; <b>SP</b> -Separated; <b>D</b> -Divorced; <b>W</b> -Widowed	
Outside Grounds	_____	_____	Wedding Anniversary	____/____/____	
(For Informational Purposes Only)			Previous Occupation	_____	
			Retired	Y/N	Y/N
			Mass Attendance	_____ <b>R</b> -regularly; <b>O</b> -occasionally; <b>S</b> -seldom	

How long have you been in this area? \_\_\_\_\_

How long have you been attending St. Vincent de Paul's Catholic Church? \_\_\_\_\_

Members home-bound prevented from attending Mass? Y/N – If yes, please give us their name:

\_\_\_\_\_ Would they like Communion brought to their home? Y N

Mass time preference (please circle) **Sat:** 4pm 6pm **Sun:** 8am 10am 12 Noon 2pm (in season)

Emergency Contact outside of household

Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

COMPLETED form may be dropped in offertory collection, mail or bring to Parish Office, or email the form to:

[adminassist@sumtercatholic.org](mailto:adminassist@sumtercatholic.org)