Today's Date: _____

Year first registered here: _____

PLEASE PRINT ALL INFORMATION

St. Vincent de Paul—Churchville, NY

Parish Registration Form

Par # | | | | | |

Env # | | | | | |

FAMILY NAME	HOUSE NO	STREET NAME	APT. NO. OR PO BOX
CITY OR POST OFFICE	ZIP CODE MAILING ROUTE	E-MAIL ADDRESS	
MARRIAGE BLESSED BY THE ROMAN CATHOLIC CHURCH YES 1 NO 2	IS PHONE UNLISTED? YES 1 NO 2	PHONE NO. —	MAIDEN NAME
TO WHOM SHOULD WE ADDRESS MAIL: (e.g., "Ms. Jill Smith", "Dr. & Mrs. John Jones")			
OCCUPATION ADULT #1		OCCUPATION ADULT #2 (SPOUSE)	

FIRST NAME and MIDDLE INIT.	Name preferred to e called *e.g. "Ed", "Liz"	Sex Male 1 Female 2	Date of Birth mm/dd/yy	Marital Status Single 1 Married 2 Widow-er 3 Separated 4 Divorced 5	Baptized Roman Catholic 1 Other Christian 2 Not 3	Received First Com-munion Yes 1 No 2	Received First Penance Yes 1 No 2	Con-firmed Yes 1 No 2	Attend Mass Weekly 1 Sometimes 2 Seldom 3 Never 4	Special Needs Visually impaired 1 Hearing impaired 2 Disabled 3 Homebound 4 Wheel chair 5 Speech Impaired 6 Other—please specify 7	Work Status Full time 1 Part time 2 Student 3 Retired 4 Unemployed 5 Service 6 Homemaker 7