

ID/Envelope Number	PDS Entered
--------------------	-------------

New Parish File	Parish File	Parish X File	Labels	Rotary
Welcome Letter/PSA	Envelopes Sent	e-mail	Welcome Visit	Ministry Interest
Rose	Welcome Committee			

WELCOME TO SAINT VINCENT DE PAUL CATHOLIC CHURCH

Membership Form

Date: _____

Single
Married by Catholic Priest
Widowed

Married Civilly Only
Divorced
Not Married/Cohabitation

Last Name _____

First Name (Man) _____

Date of Birth ____/____/____

First Name (Woman) _____

Date of Birth ____/____/____

Street Address _____

Apartment # _____

City _____

Zip Code _____

Home Phone _____

Language of Choice _____

E-mail Address _____

Ethnicity _____

Occupation (Man) _____

Business Phone _____

Occupation (Woman) _____

Business Phone _____

Religion (Man) _____

Religion (Woman) _____

Talent or Skill you would be willing to share with the parish: _____

* You will be sent Sunday contribution envelopes as part of your commitment to the church and of the Parish's commitment and service to you.

Check (√) Sacraments Received

Names of Children at home	M	F	Date of Birth	Grade	Baptism	Confirmation	Eucharist