



St. Vincent de Paul Roman Catholic Church

Parishioner Registration Form

All information provide is for sole use of St. Vincent de Paul Parish to assist in providing pastoral care and will not be share with any other individual or organization.

Date: _____

PLEASE PRINT CLEARLY

HOUSEHOLD INFORMATION

Street Address:		Apt./Unit #:
City:	Postal Code:	
PRIMARY CONTACT		SPOUSE
Last Name:		Last Name:
First Name:		First Name:
Date of Birth:		Date of Birth:
Please check if received <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation		Please check if received <input type="checkbox"/> Baptism <input type="checkbox"/> 1st Communion <input type="checkbox"/> Confirmation
Cell Phone:		Cell Phone:
E-mail Address:		E-mail Address:
Marital Status: Single Married/Church Married/Civil Engaged Divorced Separate Widowed		

CHILD(REN)'S INFORMATION

Children living at home over 21 years of age are encouraged to fill out a separate Registration Form

Full Name(s)	Date of Birth (mm/dd/yy)	Sex F/M	Please check if received		
			Baptism	First Comm.	Confirmation
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Please Complete Other Side

Automated Donation

Welcome to our Automated Donation Program. You can now simplify your life by making regular donations to the church automatically by credit card or by direct withdrawals from your checking account. Electronic Funds Transfer (EFT) allows you to donate to the church by transferring funds electronically from your checking account once or twice a month. There is no cost to you for using EFT or credit card transfers. If you wish to change your enrollment after it is set up, please contact the church office and request the EFT Change Form.

Please print clearly

Name:
Address:
City, State, Zip Code:
Telephone:
Email:
Process my recurring donation on the <input type="checkbox"/> 4 th of each month or <input type="checkbox"/> 4 th & 15 th
Donation Amount:
Account type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Card No. _____ Exp. date _____

I have enclosed a voided check, bank letter, or credit card information. Please transfer my recurring gifts as specified above. I understand that my future donations will be transferred directly from my bank or Credit Card account and that I can change, suspend or terminate my giving at any time by calling the church office.

All transfers originating as Automated Clearing House (ACH) transactions from checking accounts will comply with U.S. Law.

Signature _____ Date _____