

St. Vincent de Paul Catholic Church

Reg Date: / /

Family Registration

152 PINWOOD AVE, SEWARD, NE 68434-1047 (402) 643-3421

Last Name:
First Name(s):
Mailing Name (ie Mr. & Mrs. John Doe)
Address:
Add2:
City:
State:
Zip: -
AreaCode:
Home Phone:
Emerg. Phone:
Family Email:
Env#

Individual Member Information

Parish Status: <small>(Active, Inactive)</small>		
Role: <small>(Head of House, Husband, Wife etc.)</small>		
First Name / Nickname:	 / 	 /
Gender:	Male / Female (Maiden) 	Male / Female (Maiden)
DOB (mm/dd/yyyy):	 / / 	 / /
Email:		
Work Phone/Cell Phone:	 / 	 /
First Language:		
Occupation/Employer:		
Sacramental Info:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/>
Dates (mm/dd/yyyy):	 / / 	 / /
<small>(Single, Married, Separated, Divorced, Annulled)</small>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>	Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/>
Marital Status:	 Valid Catholic Marriage? <input type="checkbox"/>	 Valid Catholic Marriage? <input type="checkbox"/>

Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.			M / F	 / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		 / / 	 / / 	 / / 	 / / 	
2.			M / F	 / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		 / / 	 / / 	 / / 	 / / 	
3.			M / F	 / / 		
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
		 / / 	 / / 	 / / 	 / / 	

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.

Please add any other information that would be helpful in completing this registration form:

Parish Ministries Time, Talent & Interest Questionnaire

Please indicate by placing an H (husband), W (wife), SA (single adult), C (children), next to those ministries that you and/or your family would like to participate in.

Liturgical Interests

- Usher
- Organist
- Cantor
- Carry Offertory Gifts
- Guitarist
- Other musical instrumentalist
- Adult Choir
- Children's Choir
- Seasonal Decorating
- Sacristans

Educational Needs

- Work with Youth Ministry/Retreats
- College Outreach
- Adult Education Ministry
- CCD Teacher
- Godparent Couple

School Help

- Lunch Room
- Library Help
- Classroom Help-within classroom
- Classroom Help-work that can be done at home
- Preschool Volunteer
- General Help in School

Any Other Way You Would Like to Help Our Parish/School?

Sport, Trade, Hobby, Skill or Interest _____

Would You Like to Be Part Of The Following

- Knights of Columbus
- St Joseph's Men Group
- PCCW Officer/Circle Chairman
- Society of St. Vincent de Paul
- R.C.I.A. Program of Inquiry into the Catholic Faith

Parish Help

- Pro-Life Outreach
- Pray Circle Outreach (email or phone)
- Elderly Outreach
- Parish Library
- Office/Clerical
- Fundraising Help
- Lawn Mowing/Grounds Upkeep
- Flowerbeds Upkeep
- Welcoming Outreach