

**SAINT VINCENT BASILICA PARISH
NEW PARISHIONER REGISTRATION FORM**

300 FRASER PURCHASE RD LATROBE, PA 15650 / Phone 724-539-8629

(PLEASE PRINT CLEARLY)

HEAD OF HOUSEHOLD INFORMATION: (MR. & MRS., MR., MRS., MS., MISS) _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

IS THIS YOUR MAILING ADDRESS? ___ YES ___ NO IF NO, PLEASE WRITE YOUR MAILING ADDRESS BELOW.

PHONE NUMBER: _____

DO YOU WANT YOUR NUMBER LISTED OR UNLISTED? _____

ALTERNATE PHONE NUMBER: _____

EMAIL ADDRESS: _____

ARE YOU INTERESTED IN RECEIVING OUR DIOCESAN NEWSPAPER, THE CATHOLIC ACCENT? ___ YES ___ NO

ARE YOU INTERESTED IN ONLINE GIVING? ___ YES ___ NO

BIRTHDAY: _____

MARITAL STATUS: ___ SINGLE ___ WIDOW/WIDOWER ___ SEPARATED ___ DIVORCED ___ STUDENT

___ MARRIED: ___ CATHOLIC CHURCH MARRIAGE (BOTH CATHOLICS)

___ CATHOLIC MIX MARRIAGE (ONLY ONE CATHOLIC) ___ MARRIED CIVIL CEREMONY

OCCUPATION: _____

EMPLOYER OR SCHOOL: _____

SACRAMENTS INFORMATION

BAPTISMAL NAME: _____

DATE OF BAPTISM: _____

CHURCH OF BAPTISM: _____

PERFORMED BY: _____

SPONSORS: _____

FIRST COMMUNION DATE: _____

CHURCH NAME: _____

PERFORMED BY: _____

CONFIRMATION DATE: _____

CHURCH NAME: _____

PERFORMED BY: _____

SPONSOR(S): _____

MARRIAGE:

SPOUSE NAME: _____

DATE OF MARRIAGE: _____

CHURCH NAME: _____

PERFORMED BY: _____

WITNESS(ES): _____

FOR OFFICE USE ONLY:

WELCOME LETTER _____ SENT TO DIOCESE _____ BULLETIN _____
ENVELOPE NUMBER _____ DATE RECEIVED _____ ENTERED DATA _____

OTHER MEMBER FORM – (SPOUSE OR CHILD)

PLEASE FILL ONE FORM FOR EACH MEMBER OTHER THAN HEAD OF HOUSEHOLD

NAME: _____

SAME ADDRESS PLEASE CHECK HERE _____ IF NOT, PLEASE WRITE ADDRESS BELOW.

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

BIRTHDAY: _____

MARITAL STATUS: _____ SINGLE _____ WIDOW/WIDOWER _____ SEPARATED _____ DIVORCED _____ STUDENT

_____ MARRIED: _____ CATHOLIC CHURCH MARRIAGE (BOTH CATHOLICS)

_____ CATHOLIC MIX MARRIAGE (ONLY ONE CATHOLIC) _____ MARRIED CIVIL CEREMONY

OCCUPATION: _____

EMPLOYER OR SCHOOL: _____

SACRAMENTS INFORMATION

BAPTISMAL NAME: _____

DATE OF BAPTISM: _____

CHURCH OF BAPTISM: _____

PERFORMED BY: _____

SPONSORS: _____

FIRST COMMUNION DATE: _____

CHURCH NAME: _____

PERFORMED BY: _____

CONFIRMATION DATE: _____

CHURCH NAME: _____

PERFORMED BY: _____

SPONSOR(S): _____

MARRIAGE:

SPOUSE NAME: _____

DATE OF MARRIAGE: _____

CHURCH NAME: _____

PERFORMED BY: _____

WITNESS(ES): _____

IF YOU ARE INTERESTED IN JOINING ONE OF OUR MINISTRIES, PLEASE CALL THE OFFICE FOR INFORMATION, WE WILL BE HAPPY TO ASSIST YOU.