CHURCH OF ST. VINCENT DE PAUL
BROOKLYN PARK, MINNESOTA

Date_____

Last Name_____ Telephone_____

Address_____City_____Zip_____

Member 1 Occupation_____ Member 2 Occupation_____Maiden Name_____

Date of Marriage_____Church Married In_____Ecumenical_____J.P._____

E-Mail Address _____

Name	Date of Birth	Male/ Female	Parish, & City of Baptism	(Check Sacraments Received) First Penance	First Communion	Confirmation	Grade Level (Children Only)	Remarks: Convert? Interests, Classes Taken, etc.
_____ Member 1	_____	_____	_____	_____	_____	_____		_____
_____ Member 2	_____	_____	_____	_____	_____	_____		_____

Children living at home:

_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____