

# St. Vincent de Paul Catholic Church

## Parish Registration Form

1010 Columbia St NE Salem OR 97301

Www. Svdpcchurchsalem.org

503-363-4589



Office Use:

Date: \_\_\_\_\_

Envelope #: \_\_\_\_\_

Todays Date: \_\_\_\_\_ Language Preference: ☐ English ☐ Spanish

Member Status: ☐ New ☐ Current / Returning

Which method do you prefer for weekly offertory?

☐ Receive Parish Envelope ☐ Electronic Giving

(If you choose envelopes they will arrive in approximately one month.)

Which Mass do you regularly attend?

**Saturday:**

English- 5:00 PM ☐

**Sunday:**

English- 8:00 AM ☐

English-10:00AM ☐

Spanish- 12:00 PM ☐

Spanish- 2:00 PM ☐

Last Name of Family: \_\_\_\_\_

☐ White ☐ Hispanic ☐ Asian ☐ Pacific Islands ☐ Other: \_\_\_\_\_

Address (where you would like to receive mail): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

A gift in your Will or Trust is one of the most popular ways to create a legacy.

Check this box if you would like to receive more information. ☐

Head of Household Name: \_\_\_\_\_ ☐ Male ☐ Female

Birthdate: \_\_\_\_\_

**Sacraments you have received:**

Disabilities or Special Needs: \_\_\_\_\_ **Baptism:** ☐ Yes ☐ No

Ministries Interests: \_\_\_\_\_ **First Communion:** ☐ Yes ☐ No

Personal Email: \_\_\_\_\_ **Confirmation:** ☐ Yes ☐ No

Phone Number: \_\_\_\_\_ **Marital Status:** ☐ Single ☐ Married through the Catholic Church  
☐ Married Civilly Only ☐ Separated  
☐ Divorced ☐ Widowed

Spouse Name: \_\_\_\_\_ ☐ Male ☐ Female

Birthdate: \_\_\_\_\_

**Sacraments you have received:**

Disabilities or Special Needs: \_\_\_\_\_ **Baptism:** ☐ Yes ☐ No

Ministries Interests: \_\_\_\_\_ **First Communion:** ☐ Yes ☐ No

Personal Email: \_\_\_\_\_ **Confirmation:** ☐ Yes ☐ No

Phone Number: \_\_\_\_\_ **Marital Status:** ☐ Single ☐ Married through the Catholic Church  
☐ Married Civilly Only ☐ Separated  
☐ Divorced ☐ Widowed

Child Name : \_\_\_\_\_ ☐ Male ☐ Female

**Sacraments you have received:**

Birthdate: \_\_\_\_\_ **Baptism:** ☐ Yes ☐ No

School Grade: \_\_\_\_\_ **First Communion:** ☐ Yes ☐ No

Disabilities or Special Needs: \_\_\_\_\_ **Confirmation:** ☐ Yes ☐ No

**Does your child attend a Catholic School:** ☐ Yes ☐ No

**Name of School:** \_\_\_\_\_

Child Name : \_\_\_\_\_ ☐ Male ☐ Female      Sacraments you have received:  
 Birthdate: \_\_\_\_\_      Baptism: ☐ Yes ☐ No  
 School Grade: \_\_\_\_\_      First Communion: ☐ Yes ☐ No  
 Disabilities or Special Needs: \_\_\_\_\_      Confirmation: ☐ Yes ☐ No  
    Does your child attend a Catholic School: ☐ Yes ☐ No  
    Name of School: \_\_\_\_\_

Child Name : \_\_\_\_\_ ☐ Male ☐ Female      Sacraments you have received:  
 Birthdate: \_\_\_\_\_      Baptism: ☐ Yes ☐ No  
 School Grade: \_\_\_\_\_      First Communion: ☐ Yes ☐ No  
 Disabilities or Special Needs: \_\_\_\_\_      Confirmation: ☐ Yes ☐ No  
    Does your child attend a Catholic School: ☐ Yes ☐ No  
    Name of School: \_\_\_\_\_

Child Name : \_\_\_\_\_ ☐ Male ☐ Female      Sacraments you have received:  
 Birthdate: \_\_\_\_\_      Baptism: ☐ Yes ☐ No  
 School Grade: \_\_\_\_\_      First Communion: ☐ Yes ☐ No  
 Disabilities or Special Needs: \_\_\_\_\_      Confirmation: ☐ Yes ☐ No  
    Does your child attend a Catholic School: ☐ Yes ☐ No  
    Name of School: \_\_\_\_\_

Child Name : \_\_\_\_\_ ☐ Male ☐ Female      Sacraments you have received:  
 Birthdate: \_\_\_\_\_      Baptism: ☐ Yes ☐ No  
 School Grade: \_\_\_\_\_      First Communion: ☐ Yes ☐ No  
 Disabilities or Special Needs: \_\_\_\_\_      Confirmation: ☐ Yes ☐ No  
    Does your child attend a Catholic School: ☐ Yes ☐ No  
    Name of School: \_\_\_\_\_

Any Other Adult Name: \_\_\_\_\_ ☐ Male ☐ Female      Sacraments you have received:  
 Birthdate: \_\_\_\_\_      Baptism: ☐ Yes ☐ No  
 Disabilities or Special Needs: \_\_\_\_\_      First Communion: ☐ Yes ☐ No  
 Ministries Interests: \_\_\_\_\_      Confirmation: ☐ Yes ☐ No  
 Personal Email: \_\_\_\_\_      Marital Status: ☐ Single ☐ Married Civilly Only  
    ☐ Married through the Catholic Church ☐ Separated  
 Phone Number: \_\_\_\_\_      ☐ Divorced ☐ Widowed

Primary Language Spoken at Home? \_\_\_\_\_

Is anyone in your household sick, Homebound or disabled that would like to receive Communion or Confession?

If Yes, Please write their name: \_\_\_\_\_

Is there anyone in your household who would be interested receiving Faith Formation to receive any of the Sacraments?

If Yes, Please write their name: \_\_\_\_\_

Would you like more information about our Pre k - 5 Bilingual Dual Language Immersion Catholic School? ☐ Yes ☐ No

Welcome to St. Vincent de Paul Catholic Church

### *Mission*

*In the spirit of Saint Vincent de Paul  
 We, the faith community believe and proclaim  
 among us, through the  
 celebrations of  
 the Holy Eucharist,  
 Jesus Christ the risen Lord.*

### *Vision*

*St. Vincent de Paul  
 Continues to aspire to be a  
 faith welcoming community for all through  
 discipleship.*