



St. Vivian Parish Registration Form

St. Vivian Catholic Church
7600 Winton Road, Cincinnati, OH 45224
513.728.4331 | stvivian.org

Please fill in this form with as much detail as possible. You may return the form by (a) dropping it in the collection basket, (b) mailing it to the Parish Office, (c) sending it as an email attachment to rectory@stvivian.org, or (d) faxing it to 513.728.4335. If you have any questions, please call the Parish Office at 513.728.4331.

SECTION 1: Family Information					
Today's Date		Previous Parish			Envelope Number
					<i>For office use only</i>
Household Address					
City		State	Zip	Primary Phone Number	Unlisted? <input type="checkbox"/> Y <input type="checkbox"/> N
SECTION 2: Head of Household Information					
Title <small>Mr/Miss/etc.</small>	First Name		Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade/Degree	Occupation		Work Phone	
Email				Cell Phone	
Religion		Language	Ethnicity	Maiden Name	
Baptism	Location		First Reconciliation	Location	
	Date			Date	
First Communion	Location		Holy Matrimony	Location	
	Date			Date	
Confirmation	Location		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Widowed	
	Date			<input type="checkbox"/> Christian Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled	
SECTION 3: Spouse Information					
Title <small>Mr/Miss/etc.</small>	First Name		Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade/Degree	Occupation		Work Phone	
Email				Cell Phone	
Religion		Language	Ethnicity	Maiden Name	
Baptism	Location		First Reconciliation	Location	
	Date			Date	
First Communion	Location		Holy Matrimony	Location	
	Date			Date	
Confirmation	Location		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Catholic Marriage <input type="checkbox"/> Widowed	
	Date			<input type="checkbox"/> Christian Marriage <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled	

SECTION 4: Children Information (children 18 and older should fill out their own form)

First Name	Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade	School	
Religion	Language	Ethnicity	
Baptism	Location	First Reconciliation	Location
	Date		Date
First Communion	Location	Confirmation	Location
	Date		Date

First Name	Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade	School	
Religion	Language	Ethnicity	
Baptism	Location	First Reconciliation	Location
	Date		Date
First Communion	Location	Confirmation	Location
	Date		Date

First Name	Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade	School	
Religion	Language	Ethnicity	
Baptism	Location	First Reconciliation	Location
	Date		Date
First Communion	Location	Confirmation	Location
	Date		Date

First Name	Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade	School	
Religion	Language	Ethnicity	
Baptism	Location	First Reconciliation	Location
	Date		Date
First Communion	Location	Confirmation	Location
	Date		Date

First Name	Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade	School	
Religion	Language	Ethnicity	
Baptism	Location	First Reconciliation	Location
	Date		Date
First Communion	Location	Confirmation	Location
	Date		Date

First Name	Middle Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Grade	School	
Religion	Language	Ethnicity	
Baptism	Location	First Reconciliation	Location
	Date		Date
First Communion	Location	Confirmation	Location
	Date		Date