Welcome to St. John Vianney

REGISTRATION FORM

789-17th Avenue North, South St. Paul, MN 55075
Phone: 651.451.1863 **FAX:** 651.451.1864
Email: parish@sjvssp.org
Website: www.sjvssp.org

Family Mailing Information

Please Print: Today's Date_____

Prefix:_____
Name:_____
Address:_____
_____
City:_____State:_____ZIP:_____-_____
Phone:_____
Family Email:_____

Instructions: Please provide this information so we can serve you better.
Mail or drop in the collection basket at any weekend Mass.

Stewardship Commitment (check one): ☐ I will contribute by ONLINE GIVING. Please go to parish website and click Online Giving
☐ Please provide weekly envelopes to contribute. ☐ I will contribute directly by check or cash without envelopes.

Last Name Please include maiden name under your last name.	**First Name** If you use a nickname, please include it under your first name.	**Middle Name**	**Sex M/F**	**Birth date** mm/dd/yyyy	**Religion**	**Baptism**	**First Eucharist**	**Confirmation**	**Marital Status**	**Marriage** mm/dd/yyyy	**E-mail address**
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