



Parish Registration Form

For Office Use
ENV#

Are you currently registered with another Parish? [] N [] Y, Parish Name: _____

Would you like an introductory meeting with the priest? [] Y [] N Parish City: _____ State: _____

Would you like to enroll in online giving? [] Y [] N Would you like to receive contribution envelopes? [] Y [] N

Do we have permission to publish the following information within the Parish? [] Photo [] Email [] Phone Number [] Address

Would you like to receive the following? [] Parish Emails [] Catholic Virginian (Newspaper)

Head of Household

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: [] Mr. [] Mrs. [] Ms. [] Miss [] Dr. [] _____ Suffix [] Sr. [] Jr. [] II [] III [] _____

Maiden Name (if applicable): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Religion: _____ Date of Birth: _____ Place: _____

Occupation: _____ Email Address: _____

Marital Status: [] Single [] Civil Marriage [] Catholic Marriage [] Divorced [] Widowed [] Separated

Sacraments Received: [] Baptism [] Communion [] Confirmation

Sacrament Parish Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Race and Hispanic Origin Codes: AA: American Indian and Alaska Native, A: Asian, B: Black, N: Native Hawaiian or Other Pacific Islander, T: Two or More Races, HL: Hispanic or Latino, W: White

Language - S: Spanish E: English V: Vietnamese K: Korean O: Other (specify)

Disability - B: Legally Blind D: Developmentally Disabled H: Hearing Impaired P: Physically Disabled S: Shut-in O: Other (specify)

Spouse / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: [] Mr. [] Mrs. [] Ms. [] Miss [] Dr. [] _____ Suffix [] Sr. [] Jr. [] II [] III [] _____

Maiden Name (if applicable): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Religion: _____ Date of Birth: _____ Place: _____

Occupation: _____ Email Address: _____

Marital Status: [] Single [] Civil Marriage [] Catholic Marriage [] Divorced [] Widowed [] Separated

Sacraments Received: [] Baptism [] Communion [] Confirmation

Sacrament Parish Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Signature of the person completing the form: _____ Date: _____

Last Name:

Child 1 / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Relation to Head of Household: Child Stepchild Grandchild Other _____

Grade: _____ School: _____ Catholic Private Public

Religion: _____ Date of Birth: _____ Place: _____

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 2 / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Relation to Head of Household: Child Stepchild Grandchild Other _____

Grade: _____ School: _____ Catholic Private Public

Religion: _____ Date of Birth: _____ Place: _____

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 3 / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Relation to Head of Household: Child Stepchild Grandchild Other _____

Grade: _____ School: _____ Catholic Private Public

Religion: _____ Date of Birth: _____ Place: _____

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 4 / Other Adult

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

Title: Mr. Mrs. Ms. Miss Dr. _____ Suffix Sr. Jr. II III _____

Relation to Head of Household: Child Stepchild Grandchild Other _____

Grade: _____ School: _____ Catholic Private Public

Religion: _____ Date of Birth: _____ Place: _____

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____