

# Household Member Information

Please only enter people who are presently residing in your household or who are temporarily away for college or military.

Please use the matching letter codes at the bottom of this form to make entries in the numbered categories.

	Head 1	Head 2	Other Adult <input type="checkbox"/> Other Adult <input type="checkbox"/> Child	Other Adult <input type="checkbox"/> Other Adult <input type="checkbox"/> Child	Other Adult <input type="checkbox"/> Other Adult <input type="checkbox"/> Child
1 First Name					
2 Last Name					
3 Personal Status					
4 Religion					
5 Disability					
6 Race/Ethnicity					
7 1st Language if not English					
8 2nd Language					
9 Occupation					
10 Company/School					
11 Business Phone					
12 Birthday (mm/dd/yy)					
13 Sex (M/F)					
14 Present Grace (children)					
15 E-mail					
Check all that apply.					
16 Sacraments Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 1st Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 1st Penance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1 **MC**:Marriage Catholic (Recognized by Church) **MO**:Marriage Other **S**:Single **W**:Widowed **D**:Divorced **Sep**:Separated **R**:Member of Religious Order
- 2 **C**:Catholic **OC**:Other Christian **J**:Jewish **OR**:Other Religion **NR**:No Religion
- 3 **B**:Legally Blind **D**:Developmentally Disabled **H**:Hearing Impaired **P**:Physically Disabled **S**:Shut-in **O**:Other(specify)
- 4 **A**:Asian **B**:Black **H**:Hispanic **N**:Native American **W**:White **O**:Other(specify)
- 5 **S**:Spanish **E**:English **C**:Creole **V**:Vietnamese **K**:Korean **T**:Tagalog **O**:Other(specify)



# Parish Registration Information

Last Name: \_\_\_\_\_

## Welcome to our Parish Community!

The information you provide on this census form will be used exclusively within the Church.

Please print/circle your responses. Thank you!

Are there any special circumstances or information of which the parish should be aware?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently registered in this parish?  Yes  No

If yes, please state the year of original registration: \_\_\_\_\_

Were you previously registered in another parish in the Diocese of Richmond?  Yes  No

If yes, please name the parish: \_\_\_\_\_

Location: \_\_\_\_\_

Do we have permission to publish your home phone number within the parish?  Yes  No

**Household Mailing Information**  
(Please complete as you want mail addressed to your household, including titles.)

Name: \_\_\_\_\_

P. O. Box: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please provide directions to your home, include subdivision names, rural routes or street names which may be helpful in locating you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Completing this Form: \_\_\_\_\_

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

<b>For Office Use Only</b>
Parish No. (envelope) _____
Diocesan No. _____
Area No. _____
Remarks _____
_____
_____



Catholic Diocese  
of Richmond