

## **Parish Registration Form**

For	Office	Use
ENV#		

Would you like an introductory meeting with the priest? Y N Parish City:				
Would you like to enroll in online giving?	o receive contributi	on envelopes?	]Y	
Do we have permission to publish the following information within the Parish? Photo  Would you like to receive the following? Parish Emails Catholic Virginian (News	_	Phone Number	Addres	ss
Head of Household Nickname:			5000 C 5000	
Last Name: First:		Name:		
Title: Mr. Mrs. Ms. Miss Dr	Suffix Sr.	☐ Jr.		
Maiden Name (if applicable):		•		1 2
Home Phone: Cell Phone:		none:		
Street Address:				
City: State:	Zip:		1	
Religion: Date of Birth:	Place:			
Occupation: Email Address:				
Marital Status: Single Civil Marriage Catholic Marriage Divorced	l Widowed	Separated		
Sacraments Received: Baptism Communion	Cor	firmation		
Sacrament Parish Location(s):				
Race: 1st Language (if not English): 2nd Language:				
Race and Hispanic Origin Codes: AA: American Indian and Alaska Native, A: Asi 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: Spouse / Other Adult  Nickname:	Physically Disab			
				ecify)
Last Name: First:	Middle	Name:		•
Last Name:	Middle Suffix \Boxed{\Boxed} Sr.	Name:	. —	•
	Suffix Sr.	☐ Jr. ☐	. —	•
Title: Mr. Mrs. Ms. Dr. Dr.	Suffix Sr.	☐Jr. ☐ [	I 🗆 III	
Title: Mr. Mrs. Ms. Miss Dr. Miss Dr. Maiden Name (if applicable):	Suffix Sr. Work Ph	☐Jr. ☐ [	I 🗆 III	
Title: Mr. Mrs. Ms. Miss Dr. Home Phone: Cell Phone:	Suffix Sr. Work Ph	Jr.		
Title: Mr. Mrs. Ms. Miss Dr. Miss Dr. Maiden Name (if applicable):  Home Phone: Cell Phone:  Street Address:	Suffix Sr. Work Pr	Jr		
Title:         Mr.         Ms.         Ms.         Dr.	Suffix Sr.  Work Pr  Zip: Place:	Jr. I		
Title:         Mr.         Ms.         Ms.         Dr.            Maiden Name (if applicable):          Cell Phone:            Home Phone:	Suffix Sr.  Work Pr  Zip: Place:	Jr. I		
Title: Mr. Mrs. Ms. Miss Dr. Maiden Name (if applicable):  Home Phone: Cell Phone: Street Address:  City: State: Date of Birth:  Occupation: Email Address:	Suffix Sr.  Work Pr  Zip: Place:	Jr		
Title: Mr. Mrs. Ms. Miss Dr. Maiden Name (if applicable):  Home Phone: Cell Phone: Cell Phone: Street Address:  City: State: Date of Birth: Email Address: Marital Status: Single Civil Marriage Catholic Marriage Divorced	Suffix Sr.  Work Pr  Zip: Place: Owidowed Con	Jr. Inone: Separated		
Title: Mr. Mrs. Ms. Miss Dr. Maiden Name (if applicable):  Home Phone: Cell Phone: Cell Phone: Street Address:  City: State: Date of Birth: Email Address: Marital Status: Single Civil Marriage Catholic Marriage Divorced Sacraments Received: Baptism Communion	Suffix Sr.  Work Ph Zip: Place: Office Contents  Suffix Sr.	□ Jr. □ Inone: □ Separated firmation		

Child 1 / Other Adult	Nickname:			
Last Name:	First:	Middle	e Name:	
Title: Mr. Mrs. Ms. Miss	Dr	Suffix Sr.	☐ Jr.	III
Relation to Head of Household: Child Ste	pchild Grandchild	Other		
Grade: School:		Catholic	Private	Public
Religion:D	ate of Birth:	Place:	<del>-16 (00-00-00)</del> - 110	
	Communion			
Race: 1st Language (if not English):_	2nd Lar	nguage:	Disabili	ty:
Child 2 / Other Adult  Last Name:	Nickname:		lle Name:	
Title: Mr. Mrs. Ms. Mis.	ss Dr	Suffix Sr.	☐Jr.	
Relation to Head of Household: Child St	tepchild Grandchild	Other		
Grade: School:		Catholic	Private	Public
Religion:	Date of Birth:	Place:	1000000	
Sacraments Received: Baptism				
Location(s):				
Race: 1st Language (if not English):	2nd L	anguage:	Disab	ility:
11400:		3 3 -		
Child 3 / Other Adult	Nickname:			
	Nickname:			
Child 3 / Other Adult	Nickname:	<b>M</b> idd	lle Name:	
Child 3 / Other Adult Last Name:	Nickname:First:ss	Midd	lle Name:	
Child 3 / Other Adult  Last Name:  Title: Mr. Mrs. Ms. Mis.	Nickname:  First:  SS Dr.   Grandchild	Midd Suffix  Sr.	lle Name:	
Child 3 / Other Adult  Last Name:  Title: Mr. Mrs. Ms. Mis  Relation to Head of Household: Child St	Nickname: First:  SS Dr.  Grandchild	Midd Suffix  SrOther	lle Name: Jr.   Private	
Child 3 / Other Adult  Last Name:  Title:	Nickname: First:  SS Dr.  Grandchild	Midd Suffix	lle Name: Jr. Private	
Child 3 / Other Adult  Last Name:  Title:	Nickname:  First:  SS Dr.  Grandchild  Date of Birth:  Communion	Suffix Sr. Suffix Sr. Catholic Place:	lle Name:	
Child 3 / Other Adult  Last Name:  Title: Mr. Mrs. Ms. Mis  Relation to Head of Household: Child St  Grade: School:  Religion:  Sacraments Received: Baptism  Location(s):	Nickname:  First:  SS Dr.  Grandchild  Date of Birth:  Communion  2nd La  Nickname:	Suffix Sr. Suffix Sr. Other Catholic Place: Confirmation	lle Name:  Jr.  Private  Disab	□II □III □— □ Public
Child 3 / Other Adult  Last Name:  Title:	Nickname:  First:  SS Dr.  Grandchild  Date of Birth:  Communion  2nd La  Nickname:	Suffix Sr. Suffix Sr. Catholic Place: Confirmation	lle Name: Jr.  Private  Disab	
Child 3 / Other Adult  Last Name:  Title:	Nickname: First: SS Dr.  Grandchild Date of Birth: Communion 2nd Late Nickname: First: SS Dr.  Dr.	Suffix Sr. Suffix Sr. Suffix Sr. Catholic Place: Confirmation anguage: Midd	lle Name: Jr.  Private  Disab	
Child 3 / Other Adult  Last Name:  Title:	Nickname: First: SS Dr.  Grandchild Date of Birth: Communion 2nd Late Nickname: First: SS Dr.  Grandchild		lle Name:	
Child 3 / Other Adult  Last Name:  Title:	Nickname: First:  Sepchild Grandchild  Date of Birth: Communion  2nd Late Nickname: First: Sepchild Grandchild		lle Name: Jr.  Private  Disab  dle Name: Jr.  Private	
Child 3 / Other Adult  Last Name:  Title:	Nickname: First:  Sepchild Grandchild  Date of Birth: Communion  2nd Late Nickname: First: Sepchild Grandchild		lle Name: Jr.  Private  Disab  dle Name: Jr.  Private	