



# St. Patrick, 215 N 25th Street, Richmond 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

Click to send to parish.