

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: _____

For Office Use Only

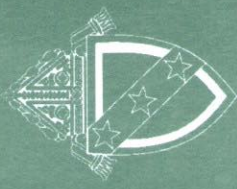
Date: _____

Parish No. (envelope) _____

Diocesan No. _____

Area No. _____

Remarks _____



Catholic Diocese
of Richmond

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 of the bottom of this form to make entries in the numbered categories.

	Head 1	Head 2	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child	<input type="checkbox"/> Other Adult <input type="checkbox"/> Child
1 Personal Status						
2 Religion						
3 Disability						
4 Race/Ethnicity						
5 1st Language if not English						
2nd Language						
Occupation						
Company/School						
Business Phone						
Birthday (mm/dd/yy)						
Sex (M/F)						
Present Grade (children)						
E-mail						
Sacraments Received						
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Penance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

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 **R:** Mentally Retarded **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)