

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: _____

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

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: _____

Signature of Person Completing this Form: _____

Date: _____

For Office Use Only

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

| | Head 1 | Head 2 | 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"/> |
|---|--------------------------|--------------------------|---|-----------------------------------|---|-----------------------------------|---|-----------------------------------|
| First Name | | | | | | | | |
| Last Name | | | | | | | | |
| 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 | | | | | | | | |
| Check all that apply. | | | | | | | | |
| Sacraments Received | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Baptism | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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 **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)