



Catholic Diocese
OF 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: _____

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: _____

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: _____

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: _____