

Date:

## **Cluster Parishes of Portsmouth & Chesapeake**

Please fill out front and back of form completely and print neatly so that we may better serve you.



Are You Currently Registered in a Parish in the Diocese of Richmond? Y / N	If so, which one?
Information for First Head of Household: Catholic: Y / N (Circle)	Information for Second Head of Household: Catholic: Y / N (Circle)
Marital Status (circle): Single Married Widowed Separated Divorced	Marital Status (circle): Single Married Widowed Separated Divorced
Please Circle: Dr. Mr. Mrs. Ms. Miss	Please Circle: Dr. Mr. Mrs. Ms. Miss
Name:  First Last Maiden (If Applicable)	Name:  First Last Maiden (If Applicable)
Street Address:	Street Address:
City: State: Zip Code:	City: State: Zip Code:
Email:(To be used solely for important communication from the parish)	Email:(To be used solely for important communication from the parish)
Home Phone: () Cell: ()	Home Phone: () Cell: ()
Do not publish my phone number in the Parish Directory if checked	Do not publish my phone number in the Parish Directory if checked
Date of Birth:/	Date of Birth:/ Age: Gender: M / F
Ethnicity: Asian Black Hispanic Native American White Other	Ethnicity: Asian Black Hispanic Native American White Other
Place of Employment:	Place of Employment:
Occupation/Former Occupation if Retired:	Occupation/Former Occupation if Retired:
Primary Languages: Other Languages:	Primary Languages: Other Languages:
Please Circle Sacraments Received:	Please Circle Sacraments Received:
Baptism 1st Communion Confirmation Holy Orders Marriage	Baptism 1st Communion Confirmation Holy Orders Marriage
For married couples who are not in a sacramentally valid marriage, would you like on	e of our priests to contact you about having your marriage convalidated? Y / N

A sacramentally valid marriage is one that takes place within a Catholic Church, one that takes place in a non-Catholic Church with dispensation from a Bishop, or one between two non-Catholics in another church prior to their conversion to the Catholic Faith. If your marriage falls outside of these situations, our priests would like to help you with the convalidation of your marriage within the Catholic Church.

For Office Use Only:	
Parish Number:	Comments:

Name (Include Last if Different)	Date of Birth: Mo/Day/Yr	Male/Female	Ethnicity	Baptized (Yes or No)	1st Communion (Yes or No)	Confirmed (Yes or No)	School	Grade
		M / F		Y / N	Y / N	Y / N		
		M / F		Y / N	Y / N	Y / N		
		M / F		Y / N	Y / N	Y / N		
		M / F		Y / N	Y / N	Y / N		
		M / F		Y / N	Y / N	Y / N		

Are there any special circ	umstances or informati	on of which the pa	rish should be	aware?					
Are any Members of You	r Family Disabled? Y	/ N If so, ple	ase explain w	ho and what typ	e of disability, so tha	it we may better serve	e them.		
I would like someone to co	ontact me regarding ad	ditional informatio	n for the follo	wing (Please cir	cle all that apply)				
Becoming Catholic	Returning Catholics	Baptism	Baptism Communion to the Sick/H		Sick/Homebound	k/Homebound Wedding/Annulment			
Other (Please Specify):									
I would like someone to co	ontact me regarding be	coming a part of a	Cluster Minis	try (Please circle	e all that apply)				
Altar Servers (grades 3+)		Arts & Environment			Buildings, Grou	•	Catechist		
Communion to the Homebound Ex		Extraordinary M	Extraordinary Minister - Communion			Fellowship			
Greeters	Greeters Haiti Ministry			Homebound/Hospital Visitation			Lectors		
Music (choir or instrumen	nt)	Oasis/Homeless			Office Volunteer		]	Respect Lif	
Ushers		Vacation Bible S	chool						