



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 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?  Y  N

Do we have permission to use the following in publications?  Email  Phone  Photo  Address

## Head of Household

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Dr. Suffix  Sr.  Jr.  II  III

Maiden Name (if applicable): \_\_\_\_\_ Prior Parish: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Religion: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Separated

Sacaments Received:  Baptism  Communion  Confirmation

Location(s): \_\_\_\_\_

Race: \_\_\_\_\_ 1st Language (if not English): \_\_\_\_\_ 2nd Language: \_\_\_\_\_ Disability: \_\_\_\_\_

**A:** Asian **B:** Black **H:** Hispanic **N:** Native American **W:** White/ Caucasian **O:** Other (specify)  
**S:** Spanish **E:** English **V:** Vietnamese **K:** Korean **O:** Other (specify)  
**B:** Legally Blind **D:** Developmentally Disabled **H:** Hearing Impaired **P:** Physically Disabled **S:** Shut-in **O:** Other (specify)

## Spouse / Other Adult

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Dr. Suffix  Sr.  Jr.  II  III

Maiden Name (if applicable): \_\_\_\_\_

Relation to Head of Household:  Spouse  Child  Stepchild  Grandchild  Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Separated

Sacaments Received:  Baptism  Communion  Confirmation

Location(s): \_\_\_\_\_

Race: \_\_\_\_\_ 1st Language (if not English): \_\_\_\_\_ 2nd Language: \_\_\_\_\_ Disability: \_\_\_\_\_

Signature of the person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE THE OTHER SIDE

### Child 1 / Other Adult

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
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: \_\_\_\_\_  
Sacaments Received:  Baptism  Communion  Confirmation  
Location(s): \_\_\_\_\_  
Race: \_\_\_\_\_ 1st Language (if not English): \_\_\_\_\_ 2nd Language: \_\_\_\_\_ Disability: \_\_\_\_\_

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### Child 2 / Other Adult

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
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: \_\_\_\_\_  
Sacaments Received:  Baptism  Communion  Confirmation  
Location(s): \_\_\_\_\_  
Race: \_\_\_\_\_ 1st Language (if not English): \_\_\_\_\_ 2nd Language: \_\_\_\_\_ Disability: \_\_\_\_\_

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### Child 3 / Other Adult

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
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: \_\_\_\_\_  
Sacaments Received:  Baptism  Communion  Confirmation  
Location(s): \_\_\_\_\_  
Race: \_\_\_\_\_ 1st Language (if not English): \_\_\_\_\_ 2nd Language: \_\_\_\_\_ Disability: \_\_\_\_\_

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### Child 4 / Other Adult

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
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: \_\_\_\_\_  
Sacaments Received:  Baptism  Communion  Confirmation  
Location(s): \_\_\_\_\_  
Race: \_\_\_\_\_ 1st Language (if not English): \_\_\_\_\_ 2nd Language: \_\_\_\_\_ Disability: \_\_\_\_\_