

# ST. JOSEPH CATHOLIC CHURCH

DATE: \_\_\_\_\_

Head of Household First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Spouse First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

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

Subdivision \_\_\_\_\_

**Last Parish Attended** \_\_\_\_\_

Last Parish City \_\_\_\_\_ State \_\_\_\_\_

**Would you like us to inform your last parish of your transfer?** \_\_\_\_\_

**Emergency Contact** (not residing with you)

Contact Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_

## FAMILY INFORMATION

*The following information is REQUIRED for each person residing in your household (HH). This information is gathered in strict confidentiality for the Diocese of Richmond and for the Diocese of Richmond and for your personal records within the St. Joseph database. You are not required to list race, but this information is requested to ensure that the Diocese is serving the needs of all.*

Relationship	First Name	M I	Last Name <i>If different from family name above</i>	Nickname	M or F	DOB	Marital Status Single/ Married	Religion	Baptized	Confirmed	Race

## ST. JOSEPH CATHOLIC CHURCH

151 W. Washington St., PO Box 2006, Petersburg, VA 23804

Phone: (804) 733-3115 – Fax: (804) 862-9931 – Website: [www.sjcpetersburg.com](http://www.sjcpetersburg.com)

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**HOW MAY WE SERVE YOU?** *Please check all that apply.*

I would like to register in St. Joseph Parish

I am interested in a program for returning Catholics

I am interested in finding out about the Catholic Faith

I am interested in becoming Catholic

I would like a priest to contact me

Other \_\_\_\_\_

**STEWARDSHIP** *So that your active participation is known to the parish, please check one offertory method.*

AUTO BANK Debit    Personal Checks

Envelopes

One time Annual Gift

Comments: \_\_\_\_\_

\_\_\_\_\_

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