

# St. Mary's Catholic Church

Catholic Diocese of Richmond – Parish Registration form

Office use only \_\_\_\_\_

Date Registering at St. Mary's Parish: \_\_\_\_\_ Name of person completing this form: \_\_\_\_\_

## Household Mailing Information (Please complete as you would like your mail addressed, including titles.)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box, if applicable: \_\_\_\_\_

City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

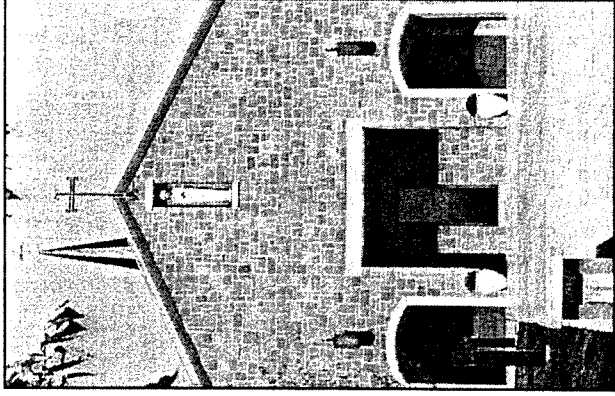
Phone: \_\_\_\_\_ Do we have permission to share/publish your home phone number within the parish? **Yes** **No**

Email: \_\_\_\_\_

Are there any special circumstances or information of which the parish should be aware?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The information you provide will be used exclusively within the Church.*



Please complete the other side →

Please only enter people who are presently residing in your household or who are temporarily away for college or military.

Member information	Head 1	Head 2	Circle One Other Adult or Child	Circle One Other Adult or Child	Circle One Other Adult or Child	Circle One Other Adult or Child
Last Name						
First Name						
Personal Status <sup>1</sup>						
Religion <sup>2</sup>						
Race/Ethnicity <sup>3</sup>						
Language(s) <sup>4</sup>						
Disability <sup>5</sup>						
Occupation						
Company/School						
Business Phone						
Present Grade (Children)						
Birthdate						
Gender (M/F)						
<b>Sacraments Received</b>	<i>Check all that apply and note the church where the sacrament was received</i>					
Baptism						
1 <sup>st</sup> Communion						
Confirmation						
1 <sup>st</sup> Reconciliation						
Marriage						

- 1 MC: Marriage Catholic (Recognized by Church) MO: Marriage Other S: Single W: Widowed D: Divorced Sep: Separated
- 2 C: Catholic OC: Other Christian OR: Other Religion NR: No Religion
- 3 A: Asian B: Black H: Hispanic N: Native American W: White O: Other
- 4 E: English S: Spanish C: Chinese V: Vietnamese K: Korean O: Other (specify)
- 5 B: Legally Blind H: Hearing Impaired P: Physically Disabled S: Shut-in O: Other (specify)