



Catholic Diocese of Richmond
St. Michael the Archangel Catholic Church
 Parish Registration Form

Welcome to St. Michael Catholic Church!

The information you provide on this census will be used exclusively within the parish.
 Please **complete the entire form** for our parish to serve you better.
PRINT CLEARLY / CIRCLE your responses. Thank you!

HOUSEHOLD MAILING INFORMATION
 Please complete as you want mail addressed to your household, including title(s).

Name(s) _____
Street Address _____
City/State/Zip _____
Subdivision _____
How long have you lived at this address? _____

Do we have permission to publish your contact information within the parish? **YES NO**

Home Phone _____
Family E-Mail _____

Date Received in Office _____
 Parish Envelope # _____
 Area # _____
 Reactivate
 Left Parish Date _____
 Reassign
 Orig. Registration _____
 Combine
 Parish ID #s _____
****For Office Use Only****

Marital Status of Head(s) of Household

Catholic Marriage (recognized by the Church)
 Other Marriage
 Divorced
 Separated
 Single
 Engaged
 Widowed
 Member of Religious Order

Signature of person completing the form

 Date _____

Have you ever registered in this parish? **YES NO**
 If **YES**, what was the year of original registration? _____
 Were you previously registered in another parish in the Catholic Diocese of Richmond? **YES NO**
 If **YES**, name of the parish _____ Location _____

