



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 Parish 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? ☐ Photo ☐ Email ☐ Phone Number ☐ Address

Would you like to receive the following? ☐ Parish Emails ☐ Catholic Virginian (Newspaper)

Head of Household

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

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 ☐ Civil Marriage ☐ Canonical Marriage ☐ Divorced ☐ Widowed ☐ Separated

Sacraments 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

Nickname: _____

Last Name: _____ First: _____ Middle Name: _____

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 ☐ Civil Marriage ☐ Canonical Marriage ☐ Divorced ☐ Widowed ☐ Separated

Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation

Location(s): _____

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

Signature of the person completing the form: _____

Date: _____

PLEASE COMPLETE THE OTHER SIDE

Child 1 / Other Adult

Nickname: _____
Last Name: _____ First: _____ Middle Name: _____
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: _____
Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation
Location(s): _____
Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 2 / Other Adult

Nickname: _____
Last Name: _____ First: _____ Middle Name: _____
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: _____
Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation
Location(s): _____
Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 3 / Other Adult

Nickname: _____
Last Name: _____ First: _____ Middle Name: _____
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: _____
Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation
Location(s): _____
Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 4 / Other Adult

Nickname: _____
Last Name: _____ First: _____ Middle Name: _____
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: _____
Sacraments Received: ☐ Baptism ☐ Communion ☐ Confirmation
Location(s): _____
Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____