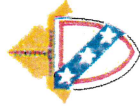


ST. PATRICK CATHOLIC CHURCH REGISTRATION FORM

LAST NAME: _____

Welcome to St. Patrick's Parish!

The information you provide on this census form will be used exclusively within the Church. Please print your responses. Thank you!



Catholic Diocese
of Richmond

Were you previously registered in another parish in the Diocese of Richmond? _____

If yes, please state the parish and location: _____

Household Mailing Information

(Please complete as you want mail addressed to your household including titles.)

Name: _____

Mailing Address: _____

Physical Address if different: _____

Primary Phone Number: _____

Do we have permission to publish this phone number within the parish? _____

Email address(es): _____

Signature of person completing form: _____ Date: _____

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

ST. PATRICK CATHOLIC CHURCH REGISTRATION FORM

LAST NAME: _____

	Head 1	Head 2		
First Name				
Last Name				
Nickname				
Title (Mr., Mrs. Ms., Miss, Dr.)				
Marital Status				
Religion				
Disability				
Ethnicity				
Language(s)				
Birthday				
Gender				
Present Grade (if in K-12)				
Email				
Phone Number				
Sacraments:				
Baptism				
1 st Communion				
Confirmation				
Marriage				
1 st Reconciliation				