

Household Member Information

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

Please use the matching letter codes at the bottom of this form to make entries in the numbered categories.

	Head 1	Head 2	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Child	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Child	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Child	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Child
1 First Name										
1 Last Name										
1 Personal Status										
2 Religion										
3 Disability										
4 Race/Ethnicity										
5 1st Language if not English										
2nd Language										
Occupation										
Company/School										
Business Phone										
Birthdate (mm/dd/yy)										
Sex (M/F)										
Present Grade (children)										
E-mail										
Sacraments Received	Check all that apply.									
Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Penance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1 MC:**Marriage Catholic (Recognized by Church) **MO:**Marriage Other **S:**Single **W:**Widowed **D:**Divorced **Sep:**Separated **R:**Member of Religious Order
- 2 C:**Catholic **OC:**Other Christian **J:**Jewish **OR:**Other Religion **NR:**No Religion
- 3 B:**legally Blind **D:**Developmentally Disabled **H:**Hearing Impaired **P:**Physically Disabled **S:**Shut-in **O:**Other(specify)
- 4 A:**Asian **B:**Black **H:**Hispanic **N:**Native American **W:**White **O:**Other(specify)
- 5 S:**Spanish **E:**English **C:**Creole **V:**Vietnamese **K:**Korean **T:**Tagalog **O:**Other(specify)

Parish Registration Information

Last Name: _____

Welcome to our Parish Community!

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

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

Please provide directions to your home, include subdivision names, rural routes or street names which may be helpful in locating you.

Signature of Person Completing this Form: _____

Date: _____

Are you presently registered in this parish? Yes No

If yes, please state the year of original registration: _____

Were you previously registered in another parish in the Diocese of Richmond? Yes No

If yes, please name the parish: _____

Location: _____

Do we have permission to publish your home phone number within the parish? Yes No

Household Mailing Information

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

Name: _____

P O. Box: _____ Home Phone: _____

Street Address: _____

City/State/Zip: _____

For Office Use Only

Parish No. (envelope) _____

Diocesan No. _____

Area No. _____

Remarks _____

Catholic Diocese of Richmond

