

Parish Registration Information

Welcome to Saint Ann Parish Community!

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

Were you previously registered in another parish in The Diocese of Richmond?

Yes

No

If yes, please name the parish:

Location:

HOUSEHOLD MAILING INFORMATION

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

Name: _____

P. O. Box _____

Street Address: _____

City: _____ Zip: _____

Home Phone: _____

Do we have permission to publish your home phone number within the parish?

Yes

No

E-Mail Address: _____

Do you wish to be added to our EMAIL list for prayer requests and important news?

Yes

No

If you DO NOT want to be sent collection envelopes please indicate here:

I do not wish to receive collection envelopes

Last Name: _____

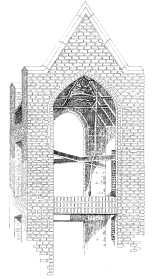
Are there any special circumstances or information of which the Parish should be aware?

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: _____

**Saint Ann
Catholic
Church**



**Catholic Diocese of
Richmond**

For Office Use Only

Parish #: _____

Diocesan #: _____

Area #: _____

Remarks: _____

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	Child <input type="checkbox"/> Adult Child <input type="checkbox"/> Other adult <input type="checkbox"/>	Child <input type="checkbox"/> Adult Child <input type="checkbox"/> Other adult <input type="checkbox"/>	Child <input type="checkbox"/> Adult Child <input type="checkbox"/> Other adult <input type="checkbox"/>	Child <input type="checkbox"/> Adult Child <input type="checkbox"/> Other adult <input type="checkbox"/>	Child <input type="checkbox"/> Adult Child <input type="checkbox"/> Other adult <input type="checkbox"/>
First Name							
Last Name							
SEE KEY BELOW	1. Marital Status						
	2. Religion						
	3. Disability						
	4. Race/Ethnicity						
	5. 1 st Language (If not English) 2 nd Language						
	Occupation						
	Company/School						
	Business Phone #						
	Birthday (m/d/y)						
	Gender (M/F)						
Present Grade (children)							
SACRAMENTS RECEIVED	Enter Y for all that apply						
Baptism							
1 st Communion							
Confirmation							
Marriage							
1 st Penance (Reconciliation)							

KETY	1. MC - Marriage Catholic <i>(recognized by Church)</i>	MO - Marriage Other	S - Single	W - Widowed	SEP - Separated	D - Divorced	R - Member Religious Order
	2. C - Catholic	OC - Other Christian	J - Jewish	OR - Other Religion	NR - No Religion		
	3. B - Legally Blind	R - Mentally Retarded	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	G - German	T - Tagalog O - Other (specify)

SUBMIT FORM _____