

Church of the Redeemer
Catholic Diocese of Richmond



Parish Registration Information

8275 MEADOWBRIDGE RD.
MECHANICSVILLE, VA 23116

Welcome to Our Parish Community!

804-746-4911

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

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: _____

Signature of Person Completing Form: _____

Date: ____ / ____ / ____

Household Mailing Information (please complete as you want mail addressed to your household, including title(s).)

Name(s): _____

P.O. Box, if any: _____ Home Phone: () - _____

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

Street Address: _____

City/State/Zip: _____

Are there any 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.

Name	E-mail Address (please type or print)
1 Primary E-mail	= _____
2	= _____
3	= _____
4	= _____
5	= _____

Parish No. (envelope):

Diocesan No.:

Area #:

Remarks:

for Office Use Only

Household Member Information						
Please only enter people who are presently residing in your household or who are temporarily away for college or military.						
	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
First Name (or name used)						
Last Name						
Personal Status*						
Date of Marriage	/ /	/ /	/ /	/ /	/ /	/ /
* MC = Marriage Catholic (Recognized by Church); MO = Marriage Other; S = Single; W = Widowed; D = Divorced; Sep = Separated; R = Member of Religious Order						
Religion+						
+ C = Catholic; OC = Other Christian; J = Jewish; OR = Other Religion; NR = No Religion						
Disability**						
** B = Legally Blind; ID/DD= Intellectual Disability/Developmental Disability; H = Hearing Impaired; P = Physically Disabled; S = Shut In; O = Other (specify)						
1st Language ++ (if not English)						
2nd Language ++						
++ S = Spanish; C = Creole; V = Vietnamese; K = Korean; T = Tagalong; O = Other (specify)						
Occupation						
Company/School						
Business Phone	() -	() -	() -	() -	() -	() -
Present Grade (children only)						
Sex (circle)	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Ethnicity/Race ***						
*** A=Asian; B=Black; H=Hispanic; N=Native American; W=White; O=Other (specify)						
Birthdate (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /	/ /
Sacraments Received	<input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage
✓ all received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>