

Diocese of Richmond

ST. THOMAS MORE

Parish Registration Information





* The information you provide on this census form will be used exclusively within the Church.	* Please email / put in collection basket / mail back to us or drop off at the parish office. Thank You!			
Are you presently registered in this parish? Yes No * If yes, please state the year of original registration Signature of Person Completing Form	Were you previously registered in another parish in the Diocese of Richmond? * If yes, please name the parish:			
Date:	Location:			
Household Mailing Information (Please complete as you v	vant mail addressed to your household including title(s))			
P.O. Box, if any:Home Phone () Do we have permission to publish your home phone number within t				
Email:	Parish No. (Envelope):(Office-Use Only)			
Street Address:	City / State / Zip Code:			
Are there any special circumstances or information of which the	ne parish should be aware?			
9/2021				

	Head 1	Head 2	□ Other Adult □ Child			
First Name						
Last Name						
Personal Status						
MC= Marriage Catho	olic (Recognized by Ch	urch); MO=Marriage C	Other; S=Single; W=Widd	owed; D=Divorced; Sep	o=Separated; R=Memb	per of Religious Order
Religion						
	C=C	atholic, OC=Other Chr	ristian, J=Jewish, OR=Ot	ther Religion, NR=No Re	eligion	
Disability						
B=L	egally Blind, D=Develo	pmentally Disabled, He	==Hearing Impaired, P=	=Physically Disabled, S=	=Shut In, O=Other (Spe	cify)
1st Language (if not English)						
2nd Language						
	S=Spc	anish, C=Creole, V=Vie	etnamese, K=Korean, T=	-Tagalog, O=Other (Sp	ecify)	
Occupation						
Company/School						
Business Phone	()	()	()	()	()	()
Present Grade (children only)						
Sex	□ Male □ Female					
Ethnicity/Race						
	A=Asio	an, B=Black, H=Hispani	c, N=Native American,	. W=White, O=Other (sp	pecify)	
Birthdate (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /	/ /
Sacraments	□ Baptism					
Received	□ 1st Eucharist□ Confirmation					
√ All received	□ Marriage□ 1st Reconciliation					