



PARISH REGISTRATION
ST PATRICK CATHOLIC CHURCH
 9149 Ely's Ford Rd. Fredericksburg, VA 22407
 (540) 785-5299

<u>Family Information</u>	
FAMILY NAME (Print): _____	
Mailing ADDRESS: _____	
Street ADDRESS (if different) _____	
CITY: _____ STATE : _____ ZIP: _____	
Phone Number: () _____ Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____	
DATE REGISTERED: _____	
Mass Attendance: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____ Regular Mass Attendance (Check one): <input type="checkbox"/> Sat. Vigil <input type="checkbox"/> 8am <input type="checkbox"/> 9:30am <input type="checkbox"/> 11am <input type="checkbox"/> 12:30pm	
Contributions: <input type="checkbox"/> Envelopes <input type="checkbox"/> Faith Direct, Inc	

LAST NAME	FIRST Name,	M / F	Date of Birth MM/DD/YY	Religion	Attend Mass Regularly Y/N	Baptism- Date & Church if known	1 st Comm.- Yes or No Date if known	Confirm.- Yes or No Date if known	Occupation <small>(If retired, please indicate former occupation)</small>
	Middle Name								
Head of Household									
Spouse									

Marital Status:

Married by Catholic priest/deacon -- Church of marriage: _____

Married in a different faith

Married in a civil ceremony _____

Widow/widower _____ city _____ state _____

Single

Divorced (**Head of Household**) Divorced (**Spouse**)

Previous marriage annulled Previous marriage annulled

Previous marriage not annulled Previous marriage not annulled

CHILDREN (Under 21)
 Additional children / Others in the House – SEE BACK OF FORM

LAST NAME	FIRST NAME, Middle Name	M / F	Date of Birth MM/DD/YY	Religion	Mass Attendance Yes or No	Date of Baptism & Church of Baptism (if possible)	First Comm. Yes or No Date	Confirm. Yes or No Date	Education Level	Attending St. Patrick School? Y/N
			/ /							
			/ /							
			/ /							
			/ /							
			/ /							

LAST Name Status: i.e. Yng. Adult/ Parent / Child	FIRST Name, Middle Name	M / F	Date of Birth MM/DD/YY	Religion	Mass Attendance Y/N	Date of Baptism Church of Baptism -if possible	First Comm. Yes or No Date	Confirm. Yes or No Date	Education Level/ Location
			/ /						
			/ /						
			/ /						

Please place a check mark [] next to the activity or apostolate that you and/or your family are interested in or in which you are already active.
A member of that parish group will be contacting you.

Parish Organizations

- | Active | Interested | |
|--------|------------|---|
| ___ | ___ | 3 rd Order Carmelites |
| ___ | ___ | Ancient Order of Hibernians |
| ___ | ___ | Divine Mercy Apostolate |
| ___ | ___ | Knights of Columbus |
| ___ | ___ | Ladies' Auxiliary |
| ___ | ___ | Martha's Caring Hands
(assist with funeral receptions) |
| ___ | ___ | Rosary Makers |
| ___ | ___ | Young Adults (age 21-39) |

Music Program

- | Active | Interested | |
|--------|------------|--------------------------------------|
| ___ | ___ | Adult Choir - 9:30am |
| ___ | ___ | Latin Schola - 12:30pm |
| ___ | ___ | Youth Choirs |
| ___ | ___ | Instrumentalist |
| ___ | ___ | Cantor |
| ___ | ___ | Psalm 23 Choir
(sing at funerals) |

Volunteer Opportunities

- | Active | Interested | |
|--------------|------------|--------------------|
| ___ | ___ | Capital Campaign |
| ___ | ___ | Church Landscaping |
| ___ | ___ | CCD Teacher/Aide |
| Other: _____ | | |

Family Special Needs
 (i.e: Homebound, Annulment, House Blessing, etc.):

Office Use Only

PDS: ___ ID: ___ Email Distro: ___ Ministry Heads: ___ Family Spreadsheet: ___
 Cath. Env.: ___ Welcome Letter: ___ Follow Up Letter: ___
 Clergy Assigned (if nec): _____