

Today's Date: ____/____/____

Would you like to receive contribution envelopes? Yes No

Would you like to receive the 'Catholic Virginian' magazine? Yes No

Head of Household

Last Name(s): _____ First: _____ Middle Name: _____

Religion: _____ DOB: ____/____/____ City/State of Birth: _____

Phone #: _____ Email: _____

Preferred Language: _____ Street Address: _____

Ethnicity: _____ Sex: M F City: _____ State: _____ Zip: _____

Marital Status:

Single Civilly Married Widowed Separated Divorced

Sacraments Received: (Check all boxes that apply)

Baptism Holy Eucharist Confirmation Marriage (in a Catholic Church)

Spouse / Other Adult

Last Name(s): _____ First: _____ Middle Name: _____

Religion: _____ DOB: ____/____/____ City/State of Birth: _____

Phone #: _____ Email: _____

Relationship to **Head of Household**: _____ Preferred Language: _____

Ethnicity: _____ Sex: M F

Marital Status:

Single Civilly Married Widowed Separated Divorced

Sacraments Received: (Check all boxes that apply)

Baptism Holy Eucharist Confirmation Marriage (in a Catholic Church)

Other Adult

Last Name(s): _____ First: _____ Middle Name: _____

Religion: _____ DOB: ____/____/____ City/State of Birth: _____

Phone #: _____ Email: _____

Relationship to **Head of Household**: _____ Preferred Language: _____

Ethnicity: _____ Sex: M F

Marital Status:

Single Civilly Married Widowed Separated Divorced

Sacraments Received: (Check all boxes that apply)

Baptism Holy Eucharist Confirmation Marriage (in a Catholic Church)

Please complete the next section for all children living in your household.

Child

Last Name(s): _____ First: _____ Middle Name _____

Religion: _____ DOB: / _____ City/State of Birth: _____

Relationship to **Head of Household**: _____ Sex: M F

Sacraments Received: (Check all boxes that apply)

Baptism Reconciliation Holy Eucharist Confirmation

Date of Baptism: /

Church of Baptism:

Child

Last Name(s): _____ First: _____ Middle Name _____

Religion: _____ DOB: / _____ City/State of Birth: _____

Relationship to **Head of Household**: _____ Sex: M F

Sacraments Received: (Check all boxes that apply)

Baptism Reconciliation Holy Eucharist Confirmation

Date of Baptism: /

Church of Baptism:

Child

Last Name(s): _____ First: _____ Middle Name _____

Religion: _____ DOB: / _____ City/State of Birth: _____

Relationship to **Head of Household**: _____ Sex: M F

Sacraments Received: (Check all boxes that apply)

Baptism Reconciliation Holy Eucharist Confirmation

Date of Baptism: /

Church of Baptism:

Child

Last Name(s): _____ First: _____ Middle Name _____

Religion: _____ DOB: / _____ City/State of Birth: _____

Relationship to **Head of Household**: _____ Sex: M F

Sacraments Received: (Check all boxes that apply)

Baptism Reconciliation Holy Eucharist Confirmation

Date of Baptism: /

Church of Baptism: