

SAINT PATRICK CATHOLIC CHURCH

9149 ELY'S FORD ROAD
FREDERICKSBURG, VA 22407
www.saintpatrickparish.org

RECTORY PHONE 540-785-5299
RECTORY FAX 540-785-5692

OFFICE USE ONLY
Date _____
Envelope number _____

PARISH REGISTRATION FORM

Instructions

- Please complete all parts of this form.
- Indicate yes or no for Sacraments/Mass attendance
- List additional family members on the back of this form
- Submit completed form to the parish office by mail or fax or give it to one of the ushers at Mass.
- If you have not done so, please contact your former parish to tell them that you have moved.

FAMILY NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
PHONE NUMBER: (unlisted Y/N)

FIRST AND MIDDLE NAME	RELIGION	DATE OF BIRTH (M/D/Y)	DATE OF BAPTISM (IF POSSIBLE)	COMMUNION	CONFIRMATION	MASS ATTENDANCE	EDUCATION LEVEL (YEAR / DEGREE)	JOB TITLE OR GRADE / SCHOOL
HUSBAND								
WIFE								
CHILDREN								
OTHERS IN HOUSE								

MARITAL STATUS:

Married by a Catholic Priest or Deacon _____	Single _____
Married by a Non-Catholic Minister _____	Separated _____
Married in a Civil Ceremony _____	Divorced _____
Widow/Widower _____	

NOTES: Please indicate special needs, and/or indicate talents/expertise that you/your family may wish to use in service to the Parish. Or if you prefer, please place a check mark [✓] here _____ and we will contact you personally by phone.

FIRST NAME	SPECIAL NEED / TALENT / EXPERTISE

