

St. Ann's Church
105 S. Snead St.
Ashland, Virginia 23005

Catholic Diocese of Richmond
Parish Registration Information



Welcome to St. Ann's!

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

Household Mailing Information. (Please print as mail is to be addressed to the household, including title(s).)

Name(s): _____ Home Phone: _____
P.O. Box, if any: _____ Business Phone: _____
Street Address: _____ Fax Number: _____
City/State/Zip: _____ E-mail Address: _____

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

Directions to the home, including subdivision names, rural routes or street names which may be helpful in locating it:

Special circumstances or information of which the parish should be aware:

I/We are interested in sharing our talents, as needed, in the following ministries/committees of St. Ann's:

(Partial list of ministries/committees at St. Ann's includes: Altar Server, Arts & Environment, Choir, Eucharistic Ministry, Lector, Liturgy Planning, Ministry to the Homebound, Parish Hospitality & Community Life, Religious Education, Social Ministry, Stewardship, Ushers/Greeters, Youth Ministry).

Name	1st Choice	2nd Choice	3rd Choice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

Name of person completing form: _____ Date: _____

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						
MC = Marriage Catholic (Recognized by Church); MO = Marriage Other; S = Single; W = Widowed; D = Divorced; Sep = Separated;						
Religion						
C = Catholic; OC = Other Christian; J = Jewish; OR = Other Religion; NE = No Religion						
Disability						
B = Legally Blind; M = Mentally Impaired; H = Hearing Impaired; P = Physically Impaired; S = Slight; O = Other (Specify)						
1 st Language (if not English)						
2 nd Language						
Occupation						
Company/School						
Business Phone (include area code)						
Present Grade (children only)						
Sex (circle)	M F	M F	M F	M F	M F	M F
Ethnicity/Race						
Birthdate (mm/dd/yyyy)	/ /	/ /	/ /	/ /	/ /	/ /
Sacraments Received (check all that apply)	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance	<input type="checkbox"/> Baptism <input type="checkbox"/> 1 st Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/> 1 st Penance

Parish No (envelope): _____
 Diocesan No: _____
 Area #: _____
 Remarks: _____
 (for office use only)