

**ST BEDE CATHOLIC CHURCH  
PARISH REGISTRATION**

For Parish Use Only: ENV #

The information you provide on this census will be used exclusively within the Church.

Registration Date: \_\_\_\_\_

Please PRINT your responses.

**Mailing Name:**

Do you wish to receive envelopes?  yes  no

Mr/Mrs  \_\_\_\_\_

Mr.  Mrs.  Dr.

\_\_\_\_\_  
LAST SUFFIX (JR, ETC.) FIRST MI

**Residence:**

\_\_\_\_\_  
STREET ADDRESS CITY / STATE / ZIP SUBDIVISION

**Mailing Address:**

(if different from residence)

\_\_\_\_\_  
PO BOX / ADDRESS CITY / STATE / ZIP

Home Phone: \_\_\_\_\_  Unlisted

May we publish your number within the Parish?  yes  no

Email Address: \_\_\_\_\_

Do you prefer contact by email?  yes  no

Are there any special circumstances or information of which the parish should be aware? \_\_\_\_\_

**Head**

Mr.  Mrs.  Dr.

Other: \_\_\_\_\_  
LAST SUFFIX (JR, ETC.) FIRST MI NICKNAME

Grade/Degree: \_\_\_\_\_ Gender:  Male  Female Marital Status:  Single  Married  Divorced  Widowed

Date of Birth: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Race:  African American  Asian  Caucasian  Hispanic  Native American Other \_\_\_\_\_

Religion:  Catholic  Other Religion \_\_\_\_\_  No Religion

Handicap:  Hearing Impaired  Physically Disabled Other: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_  work  cell Phone #: \_\_\_\_\_  work  cell

Please check sacraments received:  Baptism  1st Communion  Confirmation  Marriage  1st Penance

**Spouse:**

Mr.  Mrs.  Dr.

Other: \_\_\_\_\_  
LAST SUFFIX (JR, ETC.) FIRST MI NICKNAME

Grade/Degree: \_\_\_\_\_ Gender:  Male  Female Marital Status:  Single  Married  Divorced  Widowed

Date of Birth: \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_ Other Languages: \_\_\_\_\_

Race:  African American  Asian  Caucasian  Hispanic  Native American Other \_\_\_\_\_

Religion:  Catholic  Other Religion \_\_\_\_\_  No Religion

Handicap:  Hearing Impaired  Physically Disabled Other: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_  work  cell Phone #: \_\_\_\_\_  work  cell

Please check sacraments received:  Baptism  1st Communion  Confirmation  Marriage  1st Penance

Please add additional household members on the reverse side of this form.

**Other Member:**  Adult  Child (under 18) \_\_\_\_\_  
LAST SUFFIX (JR, ETC.) FIRST MI

**Grade/Degree:** \_\_\_\_\_ **Gender:**  Male  Female **Marital Status:**  Single  Married  Divorced  Widowed

**Date of Birth:** \_\_\_\_\_ **Primary Language Spoken:** \_\_\_\_\_ **Other Languages:** \_\_\_\_\_

**Race:**  African American  Asian  Caucasian  Hispanic  Native American Other \_\_\_\_\_

**Religion:**  Catholic  Other Religion \_\_\_\_\_  No Religion

**Handicap:**  Hearing Impaired  Physically Disabled Other: \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer/School:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_  work  cell **Phone #:** \_\_\_\_\_  work  cell

**Please check sacraments received:**  Baptism  1st Communion  Confirmation  Marriage  1st Penance

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**Other Member:**  Adult  Child (under 18) \_\_\_\_\_  
LAST SUFFIX (JR, ETC.) FIRST MI

**Grade/Degree:** \_\_\_\_\_ **Gender:**  Male  Female **Marital Status:**  Single  Married  Divorced  Widowed

**Date of Birth:** \_\_\_\_\_ **Primary Language Spoken:** \_\_\_\_\_ **Other Languages:** \_\_\_\_\_

**Race:**  African American  Asian  Caucasian  Hispanic  Native American Other \_\_\_\_\_

**Religion:**  Catholic  Other Religion \_\_\_\_\_  No Religion

**Handicap:**  Hearing Impaired  Physically Disabled Other: \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer/School:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_  work  cell **Phone #:** \_\_\_\_\_  work  cell

**Please check sacraments received:**  Baptism  1st Communion  Confirmation  Marriage  1st Penance

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**Grade/Degree:** \_\_\_\_\_ **Gender:**  Male  Female **Marital Status:**  Single  Married  Divorced  Widowed

**Date of Birth:** \_\_\_\_\_ **Primary Language Spoken:** \_\_\_\_\_ **Other Languages:** \_\_\_\_\_

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**Religion:**  Catholic  Other Religion \_\_\_\_\_  No Religion

**Handicap:**  Hearing Impaired  Physically Disabled Other: \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer/School:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_  work  cell **Phone #:** \_\_\_\_\_  work  cell

**Please check sacraments received:**  Baptism  1st Communion  Confirmation  Marriage  1st Penance

**Please add additional household members on another registration form.**

**Drop Off, Deposit in Collection Basket, or Mail to: Parish Center Office, 10 Harrison Avenue, Williamsburg, VA 23185**

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