St. Mary's Catholic Church | Blacksburg, VA



Parish Registration Form

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Are you currently registered with another Parish?	N Y,Parish	Name:	0.0			
Would you like an introductory meeting with the priest?]Y	Parish City:_			State:	
Would you like to enroll in online giving?		Would you like to	receive contributi	on envelopes?	□Y □	N
Do we have permission to publish the following information Would you like to receive the following? Parish Email		sh?		Phone Nun	nber 🔲 Addr	ess
Head of Household	Nickname:					
Last Name:	_ First:	e annochress and	Middle	Name:		
Title: Mr. Mrs. Ms. Miss	□Dr. □]	Suffix Sr.	☐ Jr.		
Maiden Name (if applicable):		411				
Home Phone: Cell	Phone:		Work Pi	none:		
Street Address:			1 100,9 1 101			
City: Stat	te:		Zip:			
Religion: Date	of Birth:		Place:			
Occupation:	Er	mail Address:				
Marital Status: Single Civil Marriage C	atholic Marriag	e Divorced	 Widowed	Separa	ited	
Sacraments Received: Baptism	Г	Communion	□Con	firmation		
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Sacrament Parish Location(s): Race: 1st Language (if not English):		_			r	
Sacrament Parish Location(s): Race: 1st Language (if not English): Race and Hispanic Origin Codes: AA: American I Islander, T: Two or More Races, HL: Hispanic or La Language - S: Spanish E: English V: Vietnamese Disability - B: Legally Blind D: Developmentally Di	Indian and Alas atino, W: White K: Korean O: isabled H: Hea	2nd Language: ska Native, A: Asia Other (specify) aring Impaired P :	an, B: Black, N:	Disability Native Hawai	ian or Other P	acific
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Child 1 / Other Adult	Nickname:	<u>.</u>		
Last Name:	First:	Middl	le Name:	
Title: Mr. Mrs. Ms. M	iss Dr	Suffix Sr.	Jr.	
Relation to Head of Household: Child S	stepchild Grandchild	Other		
Grade: School:	10 0 10 1	Catholic	Private	Public
Religion:	Date of Birth:	Place:		
-	Communion	_		3.49 M
Race: 1st Language (if not English)	2nd L	anguage:	Disabi	lity:
Child 2 / Other Adult Last Name:	Nickname:		dle Name:	
	/liss ☐ Dr. ☐	Suffix Sr.	 . □Jr.	
Relation to Head of Household: Child				
Grade: School:		Catholic	Private	Public
Religion:				
Sacraments Received: Baptism Location(s):	Communion	_		
Race: 1st Language (if not English): 2nd l	_anguage:	Disab	oility:
Child 3 / Other Adult	Nickname:			
Last Name:	First:	Midd	lle Name:	
Title: Mr. Mrs. Ms. M				
	liss Dr	Suffix Sr.		_
Title: Mr. Mrs. Ms. M	liss Dr	Suffix Sr.	☐ Jr.	
Title: Mr. Mrs. Ms. Ms. Ms. Relation to Head of Household: Child	liss Dr Stepchild Grandchild	Suffix Sr. Other Catholic	☐ Jr.	II III
Title: Mr. Mrs. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. M	liss Dr Stepchild Grandchild Date of Birth:	Suffix	□ Jr.	II III
Title: Mr. Mrs. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. M	liss Dr Stepchild Grandchild Date of Birth: Communion	Suffix Sr. Other Catholic Place: Confirmation	□ Jr.	II III
Title: Mr. Mrs. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. M	liss Dr	Suffix Sr. Other Catholic Place: Confirmation anguage:	☐ Jr. ☐ Private ☐ Disab	II III
Title: Mr. Mrs. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. M	liss Dr	Suffix Sr. Other Catholic Place: Confirmation anguage: Midd	☐ Jr. ☐ Private ☐ Disab	
Title: Mr. Mrs. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. M	liss Dr. Dr. Stepchild Grandchild Date of Birth: 2nd L Nickname: First: Dr	Suffix Sr. Other Catholic Place: Confirmation anguage: Midd Suffix Sr.	□ Jr. □ Private □ Disab	
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Title: Mr. Mrs. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. M	liss Dr. Dr. Stepchild Grandchild Date of Birth:	Suffix	☐ Jr. ☐ Private ☐ Disab	
Title: Mr. Mrs. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. M	liss Dr. Dr. Stepchild Grandchild Date of Birth:	Suffix	☐ Jr. ☐ Private ☐ Disab	