

For Office Use Only: Date Entered: _____
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 Parish Number: _____
 Faith Direct _____ Env. _____



Corpus Christi Catholic Church

43130 Amberwood Plaza, Suite 150 South Riding, VA 20152

www.CorpusChristiSR.org

Phone: 703-378-1037

Fax: 703-378-4442

Welcome to our parish. Please complete the following registration form. Printing clearly will help us greatly in entering the information accurately into our database. Please call us if you have any questions.

Head of Household Last Name (<i>Family Name</i>):	Spouse Last Name :	Address: _____ <i>Street Address</i> _____ <i>City State Zip+4</i>
First Name:	First Name:	Mailing Address if different from above: _____ <i>Street Address</i> _____ <i>City State Zip+4</i>
Informal Name (<i>if applicable</i>):	Informal Name (<i>if applicable</i>):	
Maiden Name (<i>if applicable</i>):	Maiden Name (<i>if applicable</i>):	Email Address:
Date of Birth: (<i>MM/DD/YY</i>)	Date of Birth: (<i>MM/DD/YY</i>)	
Occupation:	Occupation:	Title: <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. & Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Work Phone:	Work Phone:	Home Phone:
Religion:	Religion:	Cell Phone:
Please check which sacraments you have received : <input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> First Communion	Please check which sacraments you have received : <input type="checkbox"/> Baptism <input type="checkbox"/> Confirmation <input type="checkbox"/> First Communion	

Marital Status Single Engaged Married Widow(er) Separated Divorced Was your marriage blessed by the Catholic Church? Yes No

Date of Marriage: _____ **Church:** _____ **City:** _____ **State:** _____ **Country:** _____

(Please complete other side of registration form as it applies to your family.)

Children Living At Home

Last Name (if different from family name)	First Name	Middle Name	Relationship in Family*	Date of Birth (MM/DD/YY)	Date of Baptism	Church of Baptism City, State	Mo. & Yr. of First Com.	Mo. & Yr. of Confirmation	School	Grade

***Please enter “S” for son, “D” for daughter, “G” for grandchild, “N” for niece or nephew, “SP” for stepchild, “F” for foster child.**

Others Living At Home (elderly, parents, other relatives)

Last Name (if different from family name)	First Name	Relationship to Head of Household	Gender	Date of Birth (MM/DD/YY)	Religion	Does this person wish to receive correspondence from the parish – such as Offering Envelopes?

To be helpful with Church contributions, please choose one of the following: Offering Envelopes Faith Direct

If you choose to use Faith Direct, please be sure to fill in the Faith Direct form included in this packet, or log on to Faith Direct’s website at www.faithdirect.net. If you choose to make contribution by the use of Offering Envelopes, please allow 3-4 weeks to process your registration and for your envelopes to arrive.

Parish registrations may be dropped off or mailed to Corpus Christi Parish Office, 43130 Amberwood Plaza, Suite 150 South Riding, VA 20152.

Thank you and welcome to Corpus Christi Catholic Church

How did you find out about Corpus Christi Church: Word of Mouth Corpus Christi Website Diocesan Website Other _____