

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

Corpus Christi Catholic Church
 Parish Office: 41677 Corpus Christi Dr., Aldie, VA 20105
 Phone: 703-378-1037 Email: info@CorpusChristiSR.org FAX: 703-378-4442
 Website: www.corpuschristisr.org

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 (Family Name):	Spouse Last Name:	Address: <hr/> <p style="text-align: center;"><i>Street Address</i></p> <hr/> <p style="text-align: center;"><i>City State Zip + 4</i></p>
First Name:	First Name:	Mailing Address if different from above: <hr/> <p style="text-align: center;"><i>Street Address</i></p> <hr/> <p style="text-align: center;"><i>City State Zip + 4</i></p>
Informal Name (if applicable):	Informal Name (if applicable):	Home Phone:
Maiden Name (if applicable):	Maiden Name (if applicable):	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 _____
Please check which Sacraments you have received: <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	Please check which Sacraments you have received: <input type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> Confirmation	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Religion:	Religion:	Was your marriage blessed by the Catholic Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth: (MM/DD/YYYY)	Date of Birth: (MM/DD/YYYY)	Date of Marriage: _____
Occupation:	Occupation:	Church: _____
Cell Phone:	Cell Phone:	City, State, Country: _____
Email:	Email:	

Children Living At Home

Last Name <i>(if different from family name)</i>	First Name	Middle Name	Gender	Date of Birth <i>(MM/DD/YYYY)</i>	Date of Baptism	Church of Baptism City, State	Mo. & Yr. of First Com.	Mo & Yr. of Confirmation

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

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

To be helpful with Church contributions, please choose one of the following: Offertory Envelopes Faith Direct (e-payment)

If you choose to use Faith Direct, please log on to the Faith Direct website at <https://membership.faithdirect.net/VA315>. If you choose to make contributions by the use of Offertory Envelopes, please allow 3-4 weeks to process your registration and for your envelopes to arrive.

Parish registrations may be scanned and emailed to info@corpuschristisr.org or mailed to, or dropped off at the parish office, 41677 Corpus Christi Dr., Aldie, VA 20105. You may also drop completed forms into the offertory baskets at any of our weekend Masses.

Thank You and Welcome to Corpus Christi Catholic Church
Church Address: 41685 Corpus Christi Dr., Aldie, VA 20105

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