



St. Joan of Arc Catholic Church

315 Harris Grove Lane Yorktown, VA 23692

Phone: (757) 898-5570 Fax: (757) 898-0737 E-mail: cmacababbad@stjoanofarcva.org

Welcome to our Parish Community!

The information you provide on this registration form will be used exclusively within the Church. Please print/circle your responses. Thank you!

Were you previously registered in this parish? Yes No

If yes, please state year of original registration: _____

Were you previously registered in another parish in the Diocese of Richmond? Yes No

If yes, please name the parish and location:

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

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

Flocknote, a safe and closed system, is our way to reach you, our parishioners, through email and/or text. There is nothing for you to download, just sign up.

Would you like to sign up for Flocknote? Yes No

How? Text? _____ Email? _____
(Cell number) (Email address)

Please return this form by mail, e-mail, fax or drop it off to the parish office.

Household Contact Information

Please complete as you want mail addressed to your household, including titles.

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

Signature of person completing this form: _____ Date: _____

For Office Use Only

Envelope No. _____

Area No. _____

Remarks _____

Parish Registration Form

Household Contact Information

Please only enter people who are presently residing in your household or who are temporarily away for college or military.

Please use the matching letter codes at the bottom of this form to make entries in the numbered categories.

		<input type="checkbox"/> Other Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Other Adult
Head 1	Head 2	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
First Name					
Last Name					
1 Marital Status					
2 Religion					
3 Special Needs					
4 1st Language (if not English)					
5 Ethnicity					
Occupation					
Company/School					
Work Phone					
Birthday (mm/dd/yy)					
Sex (M/F)					
Add'l E-mail					

Sacraments Received

Check all that apply

Baptism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Communion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 MC: Marriage Catholic (Recognized by Church) **MO:** Marriage Other **S:** Single **W:** Widowed **D:** Divorced **Sep:** Separated **R:** Member of Religious Order

2 C: Catholic **OC:** Other Christian **J:** Jewish **OR:** Other Religion **NR:** No Religion

3 B: Legally Blind **D:** Developmentally Disabled **H:** Hearing Impaired **P:** Physically Disabled **S:** Shut-in **O:** Other (Specify)

4 S: Spanish **E:** English **C:** Creole **V:** Vietnamese **K:** Korean **T:** Tagalog **O:** Other (Specify)

5 AA: African American **A:** Asian **C:** Caucasian **H:** Hispanic **NA:** Native American **O:** Other (Specify)