

Saint James Catholic Church—Parishioner Information and Registration Form 905 Park Avenue, Falls Church, VA 22046 Phone-703-532-8815 Fax-703-533-7644

OFFICE USE ONLY
Parish ID#

V										
	New Registration		Information Up	odate Toda	y's Date:					
Name: Check One	Mr. & Mrs. Mr.	Ms.	Last Name	e:						
Family Address:	Apt/Unit #:		Init #:	City:			State:	Zip:		
Phone Numbers: Landline: Mr. Cell: Mr. Cell:			Mrs./Ms. Cell:							
Emails: Primary:				Sec	ondary:					<u></u>
Emails: Primary: Secondary: Secondary: Married Status: Single Married Divorced Widowed Annulled Married in							Catholic Church:	Yes	No	
Head First Name	ds of Household Middle Initial	Sex M/F	D.O.B. MM/DD/YR	Religion	Baptized Y/N	First Communion Y/N	Confirmation Y/N		Occupation	
Children under 21 (Children over 21 should register separately)										Religious Ed.?
Others in Household								Relat	ionship to Hea	<u> </u> d
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