



St. Elizabeth Catholic Church

2712 2nd Ave. Richmond, VA. 23222

Office: 1301 Victor St. Richmond, VA. 23222

office@stelizcc.org | 804-329-4599 | www.stelizcc.org

HOW TO USE THIS REGISTRATION FORM

This form can be completed online or printed.

Please fill out the information below as applicable.

There are seven member sections, if more are needed for your family, please contact the Parish Office.

After this form is completed, please save the PDF to your computer and email it to the Parish Office.

Please send the completed form and any questions to office@stelizcc.org or you may drop it off at the parish office during office hours. After receiving your form, you will receive an email confirming your registration.

Registration Date _____ / _____ / _____

Saint Elizabeth
2712 2nd Ave
Richmond, VA 23222

Family Information

Last Name _____
Family Email _____
Home Phone (_____) - _____

Envelope Number _____
Mailing Name _____
Emergency Phone (_____) - _____

Address Information

Address 1 _____
Address 2 _____
City _____ State _____ Zip/Postal _____

Publish Phone Publish Address Publish Email Receive Visits Receive Contributions Envelopes

Member Information

First Name _____
Role _____
Date of Birth _____
Email _____
Ethnicity _____
First Language _____
Special Needs _____

Status at Parish _____
Nick Name _____
Gender M / F
MaidenName _____
Birth Place _____
Work Phone (_____) - _____
Cell Phone (_____) - _____
High School Grad Year _____

Sacrament Information

Catholic
 Reconciliation Prep _____ / _____ / _____
Location _____
 Confirmation _____ / _____ / _____
Location _____

Baptism _____ / _____ / _____
Location _____
 First Eucharist _____ / _____ / _____
Location _____
 Catholic Marriage _____ / _____ / _____
Location _____

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