ALL INFORMATION IS CONFIDENTIAL AND FOR PARISH USE ONLY

Good Shepherd Catholic Church

8710 Mount Vernon Highway † Alexandria, Virginia 22309
703-780-4055

Date: _____

Family Name: | | | | | | | | | | | | | | | | | | | |

Address: _____ Apt _____

City: _____ State:_____ Zip Code:_____

Subdivision: _____

Print address and home phone in the Parish Directory? ☐ Yes ☐ No

Phone: (H) _____

Preferred Communication: Email ☐ U.S. Mail ☐

Primary Language: English ☐ Spanish ☐ Other:_____

Marital Status: Married____ Single_____ Divorced_____ Separated____ Widowed_____

Adults (Ages 18 and above)

First M.I. Last Name	M/F	Date of Birth			Religion	Sacraments Received Y/N			Occupation	E-mail address
		MM	DD	YY		Baptism	Eucharist	Confirma-tion		

Children (Ages 0-17) Please list oldest to youngest and include family name if different

First M.I. Last Name	M/F	Date of Birth			Religion	Sacraments Received Y/N			E-mail address
		MM	DD	YY		Baptism	Eucharist	Confirmation	