



**PARISH REGISTRATION**  
3700 Blenheim Boulevard, Fairfax, VA 22030

**Welcome to St. Leo the Great Catholic Church!**  
How would you like to be contacted by?  
**Please check one:** \_\_ in person \_\_ via E-mail \_\_ telephone

Title: Mr./Mrs. Mr. Mrs. Miss. Dr./Mrs. Dr

Date registered \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Street City Zip Code*

Cell Phone (Husband): \_\_\_\_\_ E-mail (Husband): \_\_\_\_\_ Phone (Wife): \_\_\_\_\_ E-mail (Wife): \_\_\_\_\_

Marital Status: Married: \_\_ Single: \_\_ Divorced: \_\_ Separated: \_\_ Widowed: \_\_ Unmarried/ Living Together: \_\_ Language spoke at home: \_\_\_\_\_

Married in the Catholic Church: Yes: \_\_ No: \_\_ Place and Marriage Date: \_\_\_\_\_

FAMILY MEMBER INFORMATION	BIRTH DATE	SEX	RELIGION	BAPTISM	FIRST COMMUNION	CONFIRMATION	OCUPATION
Husband <i>First &amp; Last Name</i>	____/____/____	M F		Yes No Date:	Yes No Date:	Yes No Date:	
Wife <i>First &amp; Last Name</i>	____/____/____	M F		Yes No Date:	Yes No Date:	Yes No Date:	
Children & Other at Home <i>First &amp; Last Name</i>	____/____/____	M F		Yes No Date:	Yes No Date:	Yes No Date:	
<i>First &amp; Last Name</i>	____/____/____	M F		Yes No Date:	Yes No Date:	Yes No Date:	
<i>First &amp; Last Name</i>	____/____/____	M F		Yes No Date:	Yes No Date:	Yes No Date:	
<i>First &amp; Last Name</i>	____/____/____	M F		Yes No Date:	Yes No Date:	Yes No Date:	

**PLEASE CHECK ONE:**

- I prefer to receive monthly church envelopes
- I prefer to contribute electronically through Pushpay, Text **Give** to 1 (833) 975-3040 or <https://pushpay.com/g/stleofairfax>