

Office Use Only: _____
 Status: Active Visitor Reviewed: _____
 Entered _____ Envelope: _____

St. Pius X Catholic Church Parish Registration

First Time Registration
 Information Update

Date: ___/___/___ Family Name (Please Print): _____ Mailing Name (i.e. Mr & Mrs John Doe): _____
 Address: _____ City: _____ Zip: _____ Home Phone: (____) ____ - _____ Email: _____
 May we list you in our parish directory? Address Phone Email No, Unlisted Please Emergency Contact: _____ Emergency Phone: (____) ____ - _____
 Marital Status: Single Married Divorced Annulled If Married, ___/___/___ Marriage Date Married in Church? Yes No If Yes, _____ Name of Church _____ City and State If no, would you like to have your marriage convalidated? Yes No

Head of Household

First Name		Middle Name		Last name	
Preferred Name		Maiden Name			
Date of Birth: ___/___/___		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Cell Phone: (____) ____ - _____	
Occupation _____		Email: _____			
Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Religion? _____			
Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date:	Date:	Date:			
Church:	Church:	Church:			
City/State:	City/State:	City/State:			

Spouse

First Name		Middle Name		Last name	
Preferred Name		Maiden Name			
Date of Birth: ___/___/___		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Cell Phone: (____) ____ - _____	
Occupation _____		Email: _____			
Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Religion? _____			
Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date:	Date:	Date:			
Church:	Church:	Church:			
City/State:	City/State:	City/State:			

Children and/or Others Living at Home

Name	Date of Birth	Relationship	Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Date:	Date:	Date:
School Attending or Occupation	Grade	Gender	Church:	Church:	Church:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		City/State:	City/State:	City/State:

Name	Date of Birth	Relationship	Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Date:	Date:	Date:
School Attending or Occupation	Grade	Gender	Church:	Church:	Church:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		City/State:	City/State:	City/State:

Name	Date of Birth	Relationship	Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Date:	Date:	Date:
School Attending or Occupation	Grade	Gender	Church:	Church:	Church:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		City/State:	City/State:	City/State:

Name	Date of Birth	Relationship	Baptism: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Date:	Date:	Date:
School Attending or Occupation	Grade	Gender	Church:	Church:	Church:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		City/State:	City/State:	City/State:

Please Complete Reverse Side

1. Parish Ministries and Organizations: Please check each of the areas below that may be of interest to you or to a family member or about which you would like information. **Checking any area does not commit you to that ministry or organization.** May we contact you? Yes No

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> ACTS Retreats | <input type="checkbox"/> Catechist (Religious Ed.) | <input type="checkbox"/> Knight of Columbus | <input type="checkbox"/> Sacristan (Sundays) |
| <input type="checkbox"/> Adult Catechism Class | <input type="checkbox"/> Catholic Daughters | <input type="checkbox"/> K of C Ladies Auxiliary | <input type="checkbox"/> Sacristan (Daily Mass) |
| <input type="checkbox"/> Adult Confirmation | <input type="checkbox"/> Choir/Music Ministry | <input type="checkbox"/> Latin Mass Altar Server | <input type="checkbox"/> Sports League and CYO |
| <input type="checkbox"/> Adult Faith Formation | <input type="checkbox"/> Confirmation Program | <input type="checkbox"/> Latin Mass Greeter/Usher | <input type="checkbox"/> St. Pius X School |
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Covenant of Love | <input type="checkbox"/> Latin Mass Sacristan | <input type="checkbox"/> St. Vincent De Paul Society |
| <input type="checkbox"/> Apologetics | <input type="checkbox"/> Edge (Middle School Youth Group) | <input type="checkbox"/> Lector/Announcer | <input type="checkbox"/> Traditional Rite Sacraments |
| <input type="checkbox"/> Arboreans | <input type="checkbox"/> ENDOW (Women's Spirituality) | <input type="checkbox"/> Life Teen (High School Youth Group) | <input type="checkbox"/> Web Site Support |
| <input type="checkbox"/> Audio/Visual Support | <input type="checkbox"/> Extraordinary Minister of Holy Communion (EMHC) | <input type="checkbox"/> Marriage Preparation / Wedding Coordinator | <input type="checkbox"/> Young Adult Group |
| <input type="checkbox"/> Baptism Preparation | <input type="checkbox"/> EMHC for the Homebound | <input type="checkbox"/> Men's Spiritual Formation | <input type="checkbox"/> Women of Grace |
| <input type="checkbox"/> Becoming Catholic/RCIA | <input type="checkbox"/> Girl Scouts | <input type="checkbox"/> Parish Council of Catholic Women | |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Greeter/Usher | <input type="checkbox"/> Parish Festival | |
| <input type="checkbox"/> Boy Scouts | <input type="checkbox"/> Hospitality Ministry | <input type="checkbox"/> Religious Education Program | |

2. Do you have any talents or skills that you would like to share with our community? _____

3. Sacramental needs or requests: Please indicate any sacramental needs or requests that you or a family member may have with which we may be able to assist:

I understand that by becoming a member of the St. Pius X community, I am called to attend Mass regularly at this parish and to support the Parish, ministries and organizations with my time, talent and treasure as I am able.

 Printed Name

 Signature

 Date

Would you like to receive envelopes? Yes No

You may also sign up for online giving via our web site at www.stpiusxa.org.

Please note: End-of-year statements will be sent to Registered Parishioners.