



St. Pius X ****Registration**

Office Use Only:
Envelope #:
Registration Date:

Please Print:

_____	_____	_____
Family Name	Address	Street/Apt. #
_____	_____	_____
City/State/Zipcode	Main/Home Phone #	

Male Information: [Mr.]

_____	_____	Marital Status (circle one): Single Engaged Married Widowed divorced	
First Name	Birthdate		
_____	_____		
Religion	E-mail address	Talents/Ministries	
Employment: _____	_____	_____	
Company	Position	work/cell phone #	

Female Information: [Miss] [Ms.] [Mrs.]

_____	_____	Marital Status (circle one): Single Engaged Married Widowed divorced	
First Name	Maiden Name		
_____	_____		
Religion	Birthdate	E-mail address	Talents/Ministries
Employment: _____	_____	_____	_____
Company	Position	work/cell phone #	

Marriage:

_____	_____	_____
Date	Church	City/State

Emergency Contact:

_____	_____
Name/relationship to family	cell/daytime phone number

Children under 21 living at home:

_____	_____
Name	Birthdate
Baptism: _____	_____
Date/Church/City, State	
Confirmation: _____	_____
Date/Church/City, State	

Children under 21 living at home:

_____	_____
Name	Birthdate
Baptism: _____	_____
Date/Church/City, State	
Confirmation: _____	_____
Date/Church/City, State	

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