

Date/ Fecha

/ /

ST. PIUS X REGISTRATION FORM

Forma de Registro

Env # _____ Picture # _____

For Office Use Only

FAMILY NAME _____
Apellido de la Familia

MAILING NAME: _____ **HOME PHONE #:** _____
(If different than Family Name)

ADDRESS: _____

CITY: _____ **ZIP:** _____ **SUBDIVISION:** _____

FORMER PARISH: _____
Parish Name City State

FAMILY MEMBERS

HEAD OF HOUSEHOLD

ETHNIC ORIGIN: _____

Last Name (If Different than Family Name) First Name (Formal) Goes by (Nickname)

GENDER: M ___ F ___ **DATE OF BIRTH:** ___ / ___ / ___ **LANGUAGE:** _____

First Other

OCCUPATION: _____ **RELIGION** _____

EMAIL: _____ **CELL PHONE #** _____ **WORK PHONE #:** _____

MARITAL STATUS: Married ___ Single ___ Divorced ___ Separated ___ Widowed ___
Married in Catholic Church ___

SACRAMENTS:

BAPTISM: YES ___ NO ___ **CATHOLIC** ___ **OTHER** _____

PENANCE: YES ___ NO ___

FIRST COMMUNION: YES ___ NO ___

CONFIRMATION: YES ___ NO ___

SPOUSE:

ETHNIC ORIGIN: _____

Last Name (If Different than Family Name) First Name (Formal) (Nickname)

GENDER: M ___ F ___ **DATE OF BIRTH:** ___ / ___ / ___ **LANGUAGE:** _____

First Other

OCCUPATION: _____ **RELIGION** _____

EMAIL: _____ **CELL PHONE #** _____ **WORK PHONE #:** _____

MARITAL STATUS: Married ___ Single ___ Divorced ___ Separated ___ Widowed ___
Married in Catholic Church ___

SACRAMENTS:

BAPTISM: YES ___ NO ___ **CATHOLIC** ___ **OTHER** _____

PENANCE: YES ___ NO ___

FIRST COMMUNION: YES ___ NO ___

CONFIRMATION: YES ___ NO ___

