



SAINT PIUS X PARISH 5 Barbara Street, So. Yarmouth, MA 02664 (508) 398-2248

Confidential Questionnaire

Today's Date _____

Mr. _____ Mrs. _____ Mr. & Mrs. _____ Ms. _____

FAMILY NAME: _____ Parish member since _____
Last Name

Is there anyone at home prevented from attending church due to illness or disability? Yes/ No If yes, Name: _____

Street _____ Town _____ State _____ Zip _____ Phone _____

Mailing address (if different) _____ Unlisted _____ Listed _____

Family Email Address _____ Cell Phone _____ Who _____ Cell Phone _____ Who _____

Other Email addresses or cell phone #'s please write on the back with which person's name.

CURRENT MARITAL STATUS: Please check appropriate box: Never Married _____ Widowed _____ Separated _____ Divorced _____

IF CURRENTLY MARRIED: Check one:

Catholic Church Marriage _____ Prior Catholic Marriage, divorced, now Civilly Married _____ Other Church Marriage _____ Civil Marriage _____

Wife's Maiden Name _____ Church, City & Date of your marriage _____

*Please list the following information for each **adult** family member living at home, including your self.*

First Name (& Last name if different from above)	M/F	Date of Birth	Baptized Church & City	1 st Communion Church & City	Confirmed Church & City	Religion (Cath., Prot. Etc.)	How often attends Mass? (Daily, Weekly, Seldom, Never)	Occupation

*Please list the following information for each **child** family member living at home.*

First Name (& Last name if different from above)	M/F	Date of Birth	Baptized Date & Church	1 st Communion Date & Church	Confirmed Date & Church	School & Grade	Attends Rel. Ed.

- Do you wish to receive parish envelopes? Yes/No _____
- Are you involved in Parish Ministries? Yes/No If yes please list: Who & What: _____
Who & What: _____ Who & What: _____
- If you wish to become involved in parish ministries please consult Parish Ministry Booklet.
- Any comments you wish to make may be written on the back of this form.