



# SAINT PIUS X PARISH

5 Barbara Street, S. Yarmouth, MA 02664  
(508) 398-2248

## Parish Registration Confidential Questionnaire

### FAMILY

Name (Last)	
Name (First)	Mr. Mrs. Ms. Dr.
Email address	
Phone	
Name (Last)	
Name (First)	Mr. Mrs. Ms. Dr.
Email Address	
Phone	
Street Address	
Town, State, Zip	
Mailing address if different	

### MARITAL STATUS

Never Married	Separated
Widowed	Divorced
<b>IF CURRENTLY MARRIED</b>	
Catholic Church Marriage	
Prior Catholic Marriage, divorced, now Civilly Married	
Other Church Marriage	
Civil Marriage	
Church, Location, Date of marriage	
Wife's Maiden name	

*Please list the following information for each family member living at home, including yourself. Please use back of form if more space is needed.*

First Name (Last name if different from above)	M/F	Date of Birth	Baptized Year, Church & City	1 <sup>st</sup> Communion Year, Church & City	Confirmed Year, Church & City	Religion (Cath., Prot...)	Occupation or School/Grade	Attends Rel. Ed?

Is there anyone at home prevented from attending church due to illness or disability? If yes, Name: \_\_\_\_\_

Do you wish to receive parish envelopes? Yes/No

For Office	Date Received	eCatholic	Waltz Number	Waltz	W Note
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