

PARISH REGISTRATION

WELCOME TO ST. PIUS X PARISH.

*PLEASE FILL OUT BOTH SIDES OF THIS FORM AND RETURN BY MAIL OR
PLACE IN THE COLLECTION BASKET. **PLEASE PRINT.***



DATE: _____

HEAD OF HOUSEHOLD: _____
OR SINGLE PERSON (LAST NAME) (FIRST NAME) (M.I.) (Mr./Mrs./ Miss/Dr.)

SPOUSE'S NAME: _____
(MAIDEN NAME) (FIRST NAME) (M.I.) (Mr./Mrs./ Miss/Dr.)

ADDRESS: _____
(STREET NUMBER/APARTMENT NUMBER) OWNER TENANT

CITY/ STATE/ZIP CODE: _____ E-MAIL ADDRESS: _____

TELEPHONE NUMBER (HOME): () _____ CELL PHONE () _____

CELL PHONE () _____

NAMES:	Male Or Female	Birth Month/Day/ Year	Place of Birth City/State	Religion	Baptism	Eucharist	Confirmation	Mass Attendance	Occupation	Place of Employment
CHILDREN:				Baptized: Catholic/ other					School and Grade	Attends Religious Education

Additional information on the reverse side.

MARRIED BY: Priest _____ Minister: _____

Justice of the Peace: _____ Other: _____

Date: _____

Place of Marriage: _____

City/State/Zip Code: _____

If marriage was not a Catholic Ceremony, was the marriage prepared by a Catholic priest? _____ Yes _____ No

Race-Ethnic Origin: Husband: _____ Wife: _____

Education:
Highest Grade Completed: Husband: _____ Wife: _____

Special Concerns: (Opt.) List any serious illness or problems that the pastor should be made aware of so that he may serve you better.

Directions to your home: (Please complete in case of an Emergency visit request)

St. Pius X Church
112 Fairview Drive
Selinsgrove PA 17870
570.374.4113
570.374.0156 FAX
spxc@ptd.net