

ST. PIUS X CHURCH REGISTRATION

Date _____ Member Number _____

Do you like to receive envelopes? _____

Family Name _____

Work phone _____

Address _____

Work phone _____

City _____ Zip _____

E-mail address _____

Phone _____ Cel. _____

Mail: English or Spanish

Single _____ Married _____ Divorced _____ Widowed _____

Persons living in the home (first and last name)	Birthdate	Relationship in family (son, mother, est.)	Religion	Occupation (if adult) School (if Child)	Circle sacraments received:	Are you interested in any of these ministries?
					Baptism Holy Eucharist Confirmation Reconciliation	Social Concerns ____ Soup Kitchen ____ Work with disadvantaged persons ____ Other
					Baptism Holy Eucharist Confirmation Reconciliation	Liturgical Ministries ____ Choir Lector Usher ____ Eucharistic minister ____ Play an instrument
					Baptism Holy Eucharist Confirmation Reconciliation	Educational ministries ____ Teach religion to children ____ Work with youth group ____ Adult education
					Baptism Holy Eucharist Confirmation Reconciliation	

