

SAINT PIUS X PARISH

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

	FAMILY	MARITAL STATUS		
Name (Last)		Never Married	Separated	
Name (First)	Mr. Mrs. Ms. Dr.	Widowed	Divorced	
Email address		IF CUF	RRENTLY MARRIED	
Phone		Catholic Church Marri	age	
Name (Last)		Prior Catholic Marriag	e, divorced, now Civilly Married	
Name (First)	Mr. Mrs. Ms. Dr.	Other Church Marriag	e	
Email Address		Civil Marriage		
Phone		Church, Location, Dat	e of marriage	
Street Address				
Town, State, Zip		Wife's Maiden name		
Mailing address if different				

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	M/F	Date of	Baptized	1 st Communion	Confirmed	Religion	Occupation or
(Last name if different from above)		Birth	Date, Year, Church & City	Date, Year, Church & City	Date, Year, Church & City	(Cath., Prot)	School/Grade

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	Catholic Appeal