

2008 Census/Registration Form

Today's date _____

Church: (Circle one) **St. Pius X** Visitation

Family Name: _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____ unlisted: _____

Cell Ph.: _____ Bus. Ph.: _____ e-mail: _____

Marital Status: Married Single Widowed Separated Divorced
↳ if divorced - Annulled

If married Date of Marriage _____ Church & City _____

Were you married in a Roman Catholic Church?

Is this your first marriage? _____ Yes No

**Member Information
Head of Household**

**Member Information
Spouse**

Name: _____
First *Middle* *Last / Maiden*

Name: _____
First *Middle* *Last / Maiden*

Date of Birth: _____

Date of Birth: _____

Religious background: _____
 If not Roman Catholic what denomination?

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Year of Baptism: _____

Year of Baptism: _____

Church & city: _____

Church & city: _____

Year of First Holy Communion: _____

Year of First Holy Communion: _____

Church & city: _____

Church & city: _____

Year of Confirmation: _____

Year of Confirmation: _____

Church & city: _____

Church & city: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Special Needs: (hearing, sight, homebound etc. . .)

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Church attendance (circle one)
 Weekly Occasionally Never

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 Weekly Occasionally Never

Please indicate any parish activity or organizations in which you and/or your family members might wish to participate: (festival, choir, youth ministry)

Children living at home under 21 yrs of age

Name: _____
First Middle Last

Date of Birth: _____

Year of Baptism: _____

Church & city: _____

Year of First Holy Communion: _____

Church & city: _____

Year of Confirmation: _____

Church & city: _____

School: _____

Grade: _____

Special Needs: (hearing, sight, homebound etc. . .)

Church attendance (circle one)

Weekly Occasionally Never

Children living at home under 21 yrs of age

Name: _____
First Middle Last

Date of Birth: _____

Year of Baptism: _____

Church & city: _____

Year of First Holy Communion: _____

Church & city: _____

Year of Confirmation: _____

Church & city: _____

School: _____

Grade: _____

Special Needs: (hearing, sight, homebound etc. . .)

Church attendance (circle one)

Weekly Occasionally Never

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Name: _____
First Middle Last

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Special Needs: (hearing, sight, homebound etc. . .)

Church attendance (circle one)

Weekly Occasionally Never

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First Middle Last

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Grade: _____

Special Needs: (hearing, sight, homebound etc. . .)

Church attendance (circle one)

Weekly Occasionally Never

Please use this space for any comments, concerns or questions:

