

ST. PIUS X MEMBERSHIP REGISTRATION INFORMATION

www.StPiusAppleton.org 500 W. Marquette St. Appleton WI 54911 920-733-0575

Family Last Name/s		Date	<i>Office Only</i>	
Address			Diocesan I.D.	
City		State	Zip	
Primary Phone #	Emergency Contact Name		Phone #	Relation
Family Email		Direct Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No	Envelopes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Church/Parish attended (required)			City	State
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Sacramental Marriage <input type="checkbox"/> Non-Sacramental Marriage <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced				

PRIMARY INFORMATION

Last Name		First Name		Middle Initial	Maiden Name
Individual Email			Individual Cell #		Religion
If this person is not Catholic, does this person want to be considered a member of St. Pius X Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Occupation		Employer		Business Phone #	
Date of Birth		Special Need			
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		
1st Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		
Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		
Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		

SPOUSE INFORMATION

Last Name		First Name		Middle Initial	Maiden Name
Individual Email			Individual Cell #		Religion
If this person is not Catholic, does this person want to be considered a member of St. Pius X Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Occupation		Employer		Business Phone #	
Date of Birth		Special Need			
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		
1st Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		
Confirmation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		
Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		
Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		

FAMILY MEMBER/S INFORMATION Please Fill out one section for each FAMILY MEMBER at home

Last Name		First Name		Relationship	Religion
Date of Birth	School		Grade	Special Need	
Baptism	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		
1st Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date	Church/City		

(Form continues on page 2.)

Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Marriage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City

Last Name		First Name		Relationship	Religion
Date of Birth	School		Grade	Special Need	
Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
1st Communion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Marriage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City

Last Name		First Name		Relationship	Religion
Date of Birth	School		Grade	Special Need	
Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
1st Communion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Marriage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City

Last Name		First Name		Relationship	Religion
Date of Birth	School		Grade	Special Need	
Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
1st Communion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Marriage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City
Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Date	Church/City

Social Communications Policy: To allow communications via email or text with church staff, please click **HERE** to connect to the diocese social communications policy or in your browser window enter: **gbdio.org/protectingourchildren/social-communication-policy.html**
Download the document to print, complete and return to church staff.

After entering your information please **SAVE** this file to your computer. Then print and bring to your welcome appointment, OR print and return via mail, OR send your PDF via email to the address provided to you. (This form can be printed blank and completed by hand if desired.) Thank you.

COMMENTS

Office use: Citrix _____ Family Card _____ C.F. _____ Bulletin _____ Copy to Welcome Ministry _____
Verify _____ Fin. Cmt. Form _____ Welcome Letter _____