

St. Pius X Parish

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Calgary AB T2M 2A2
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NEW PARISHIONER REGISTRATION FORM

Please PRINT clearly in capitals

Welcome to St. Pius X Parish!

Please complete this form and return it to the office
fax, e-mail or paper copy, or drop it in the collection basket

Thank You!

DATE: _____

FAMILY NAME: _____	
First Name: _____	<input type="checkbox"/> M <input type="checkbox"/> F
If married, Spouse's Name: _____	<input type="checkbox"/> M <input type="checkbox"/> F
Spouse Last Name (if different): _____	
Mailing Title: <input type="checkbox"/> Mr & Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> No salutation <input type="checkbox"/> Other _____	
Name(s) of Child(ren), Gender & Birthdate(s) (YYYY/MM/DD): _____	
Mailing Address: _____	

Postal Code: _____	
E-mail: _____	
<input type="checkbox"/> Please email me a weekly Bulletin	
Home Phone Number: _____	<input type="checkbox"/> Preferred contact #
Business Number (optional): _____	<input type="checkbox"/> Preferred contact #
Cell Number: _____	<input type="checkbox"/> Preferred contact #
What mass do you normally attend? <input type="checkbox"/> 5 PM Saturday <input type="checkbox"/> 9 AM Sunday <input type="checkbox"/> 11 AM Sunday	
Would you like to be contacted about receiving any of the sacraments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Questions/Concerns?	