



**ST. MARK'S CHURCH
REGISTRATION FORM**

Date of Registration: _____

Family Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Language Spoken in home other than English: _____

I would like information to volunteer at St. Mark's Church: Yes _____ No _____

I/We will use envelopes: YES/NO _____ or I am interested in Online Giving: YES/NO _____

Please complete the following information for YOUR HOUSEHOLD

Head of Household Name: _____	Spouse Name: _____
Date of Birth: _____	Date of Birth: _____
Religion: _____	Religion: _____
Occupation: _____	Occupation: _____
Sacraments Received (circle all that apply) Baptism Communion Confirmation Matrimony	Sacraments Received (circle all that apply) Baptism Communion Confirmation Matrimony
Marital Status (Circle one) Single Married Widowed Divorced Separated	Marital Status (Circle one) Single Married Widowed Divorced Separated
Marriage Date: _____	Marriage Date: _____
Witnessed By: (Circle one) Catholic Priest Minister Rabbi Justice of the Peace	Witnessed By: (Circle one) Catholic Priest Minister Rabbi Justice of the Peace
Education (Highest Level) (Circle one) Elementary High School College Other Certifications: _____	Education (Highest Level) (Circle one) Elementary High School College Other Certifications: _____

Family Name: _____
Registration #: _____

List information only for members living at this address who are under the age of 25.

1. Name: _____ Male/Female: (circle one)

Date of birth: _____ Place of birth: _____

Catholic Baptism: Y/N _____ Date: _____ Place: _____

First Communion: Y/N Date: _____ Place: _____
Confirmation: Y/N Date: _____ Place: _____

2. Name: _____ Male/Female: (circle one)

Date of birth: _____ Place of birth: _____

Catholic Baptism: Y/N Date: _____ Place: _____

First Communion: Y/N Date: _____ Place: _____

Confirmation: Y/N Date: _____ Place: _____

3. Name: _____ Male/Female: (circle one)

Date of birth: _____ Place of birth: _____

Catholic Baptism: Y/N Date: _____ Place: _____

First Communion: Y/N Date: _____ Place: _____

Confirmation: Y/N Date: _____ Place: _____

4. Name: _____ Male/Female: (circle one)

Date of birth: _____ Place of birth: _____

Catholic Baptism: Y/N Date: _____ Place: _____

First Communion: Y/N Date: _____ Place: _____

Confirmation: Y/N Date: _____ Place: _____

5. Name: _____ Male/Female: (circle one)

Date of birth: _____ Place of birth: _____

Catholic Baptism: Y/N Date: _____ Place: _____

First Communion: Y/N Date: _____ Place: _____

Confirmation: Y/N Date: _____ Place: _____