



Saint Mark
The Evangelist Catholic Church

Today's Date: _____

REGISTRATION FORM:

Last Name: _____ First Name: _____ Middle: _____

Home Address (include city) _____ ZIP CODE _____

Home Phone: (____) _____ E-Mail Address: _____

Marital Status: () Single () Married () Widowed () Divorced Sex: () Male () Female

Religion: _____ Date of Birth: _____

Sacraments Received (Indicate date and/or year if possible):

Baptism _____ First Communion _____ Confirmation: _____

Date of Marriage: _____ Occupation: _____

Employer: _____ Employer Phone: _____

Person(s) to whom correspondence should be addressed:

If married – information concerning your spouse:

Last Name: _____ First Name: _____ Middle: _____

Relationship: _____ Religion: _____ Date of Birth: _____

E-mail address: _____

Sacraments Received (Indicate date and/or year):

Baptism _____ First Communion _____ Confirmation: _____

Occupation: _____

Employer: _____ Employer Phone: _____

Children (Living at Home)

First Name _____ **Middle** _____ **Sex:** () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year):

Baptism _____ First Communion _____ Confirmation _____

School attending _____ Grade _____

First Name _____ **Middle** _____ **Sex:** () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year):

Baptism _____ First Communion _____ Confirmation _____

School attending _____ Grade _____

First Name _____ **Middle** _____ **Sex:** () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year):

Baptism _____ First Communion _____ Confirmation _____

School attending _____ Grade _____

First Name _____ **Middle** _____ **Sex:** () M () F

Date of Birth _____

Sacraments Received (Indicate date and/or year):

Baptism _____ First Communion _____ Confirmation _____

School attending _____ Grade _____

Other Adults (living at home):

Last Name: _____ First Name: _____ Middle: _____

Relationship: _____ Religion: _____ Date of Birth: _____

Special needs: _____