

St. Mark Catholic Church Registration

Date: _____

Last Name: _____

Address: _____ Apt#: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Permanent Resident Seasonal Resident: _____ thru _____

Other Address: _____

E-mail: _____

Circle One:

Catholic Marriage Single Divorced Widowed Non-Catholic Civil Marriage

Circle Mr. & Mrs. Mr. Mrs. Ms. Miss	Date Of Birth	Religion	Check if Received Baptism	Check if Received Communion	Check if Received Confirmation
Male First Name:					
Female First Name:					
Children Living w/ You:					