St. Mark Catholic Church Registration

Date:_____

Last Name: _____ **Check One:** ☐ **Mr. & Mrs.** ☐ **Mr.** ☐ **Mrs.** ☐ **Miss** ☐ **Ms.** ☐ **Dr. & Mrs.** ☐ **Dr.**

Address: _____ Apt#:_____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone:_____

Permanent Resident ☐ Seasonal Resident: _____ thru _____ E-mail: _____

Other Address:

Check One: ☐ Catholic Marriage ☐ Single/Engaged ☐ Divorced ☐ Widowed ☐ Non-Catholic Civil Marriage

First Name	M = Male F = Female	Spouse (S) Adult (A) Child (C) **CHOOSE ONE**	Occupation Student - School Attending	Date of Birth	Religion	Check if Received Baptism	Check if Received Communion	Check if Received Confirmation
	M ☐ **F** ☐	Child (C)				☐	☐	☐
	M ☐ **F** ☐	Child (C)				☐	☐	☐
	M ☐ **F** ☐	Child (C)				☐	☐	☐
	M ☐ **F** ☐	Child (C)				☐	☐	☐
	M ☐ **F** ☐	Child (C)				☐	☐	☐
	M ☐ **F** ☐	Child (C)				☐	☐	☐