



# St. Mark the Evangelist Catholic Church

FAMILY LAST NAME: _____		HOME ADDRESS: _____ (IF APPLICABLE) APT # _____ CITY _____ STATE _____ ZIP CODE _____			HOME PHONE: _____ LISTED _____ UNLISTED _____			DATE OF REGISTRATION AT ST. MARK'S _____		
MARRIAGE DATE: _____	ROMAN CATHOLIC MARRIAGE: ____ YES ____ NO	MAIDEN NAME: _____			OCCUPATION (HEAD OF HOUSEHOLD) BUSINESS PHONE: _____			OCCUPATION (SPOUSE) BUSINESS PHONE: _____		
FIRST NAMES	DATE OF BIRTH	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD	RELIGION	BAPTIZED	1ST COMMUNION	1ST CONFESSION	CONFIRMATION	MARITAL STATUS	ETHNIC BACKGROUND
					PLEASE CHECK ~ DATES NOT REQUIRED					
1. (HEAD OF HOUSEHOLD)										
2. (SPOUSE)										
CHILDREN [PLEASE LIST THE OLDEST TO YOUNGEST] (Living at Home)	DATE OF BIRTH	GENDER	RELATIONSHIP TO HEAD OF HOUSEHOLD	RELIGION	BAPTIZED	1ST COMMUNION	1ST CONFESSION	CONFIRMATION	GRADE	SCHOOL
					PLEASE CHECK ~ DATES NOT REQUIRED					
3.										
4.										
5.										
6.										
7.										
8.										
PLEASE LIST THE MINISTRIES OR ACTIVITIES IN WHICH YOU OR YOUR FAMILY MEMBERS MAY BE INTERESTED. ALSO, PLEASE LIST ANY SPECIAL NEEDS YOU OR YOUR FAMILY MAY HAVE:										

Family E-Mail: \_\_\_\_\_

Other E-Mails: \_\_\_\_\_