

Date Completed: _____

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St. Mark the Evangelist Catholic Church

New Parishioner Registration Form

Last Name: _____

Home Phone: _____

Address: _____

Alternate Phone: _____

City/Zip: _____

Please check one:

- Married Single
 Divorced Separated
 Widowed

Maiden Name: _____ Wedding Anniversary _____

(First and Middle Names)		Answer <u>Yes</u> or <u>No</u> for Baptism, Communion & Confirmation-Dates if you know them					
	Date of Birth	Baptism	First Communion	Confirm.	Religion	Occupation	Preferred E-mail address
Head of household: (M/F)							
Spouse: (M/F)							

Children living in your home - Oldest first

(M/F)							
(M/F)							
(M/F)							
(M/F)							
(M/F)							
(M/F)							
(M/F)							
(M/F)							
(M/F)							

Other household members:

(M/F)							
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Is anyone in your household handicapped? _____

Name _____

Does anyone in your household need home Communion? _____

Name _____