

REGISTRATION FORM

535 E. Edgewood Ave., Indianapolis, IN 46227
(317) 787-8246, Fax (317) 781-6466 www.stmarkindy.org

For Office Use: ENVELOPE # _____

PDS _____ OSV _____ MLC _____ Book _____ BLTN _____

General Information

FAMILY NAME (last name) _____ DATE _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIPCODE _____

MARITAL STATUS: (circle) SINGLE MARRIED ENGAGED WIDOWED SEPARATED DIVORCED

MARRIAGE DATE _____ CHURCH _____ CITY/STATE _____

Adult Household Members

General Instruction: Please give dates on sacraments if possible, otherwise check (if completed. Would you like to receive the Criterion? Yes No

Title (circle) Mr. Mrs. Dr. Miss Ms. GENDER M F

HEAD: FIRST _____ MIDDLE _____ LAST (if different) _____

MAIDEN _____ BIRTHDATE _____ EMAIL _____ @ _____

CELLPHONE _____ OCCUPATION _____ ETHINTICITY _____

RELIGION _____ BAPTISM _____ CHURCH _____ CITY/STATE _____

1ST COMMUNION _____ CONFIRMATION _____ SKILLS/OCCUPATION _____

Title (circle) Mr. Mrs. Dr. Miss Ms. GENDER M F

SPOUSE: FIRST _____ MIDDLE _____ LAST (if different) _____

MAIDEN _____ BIRTHDATE _____ EMAIL _____ @ _____

CELLPHONE _____ OCCUPATION _____ ETHINTICITY _____

RELIGION _____ BAPTISM _____ CHURCH _____ CITY/STATE _____

1ST COMMUNION _____ CONFIRMATION _____ SKILLS/OCCUPATION _____

Children/Teen Household Members

Please give dates on sacraments if possible, otherwise indicate if completed. Adult children are encouraged to register on their own.

CHILD 1: FIRST _____ MIDDLE _____ LAST (if different) _____

BIRTHDATE _____ GENDER M F CURRENT SCHOOL & GRADE _____

RELIGION _____ BAPTISM _____ CHURCH _____ CITY/STATE _____

CHILD 2: FIRST _____ MIDDLE _____ LAST (if different) _____

BIRTHDATE _____ GENDER M F CURRENT SCHOOL & GRADE _____

RELIGION _____ BAPTISM _____ CHURCH _____ CITY/STATE _____

CHILD 3: FIRST _____ MIDDLE _____ LAST (if different) _____

BIRTHDATE _____ GENDER M F CURRENT SCHOOL & GRADE _____

RELIGION _____ BAPTISM _____ CHURCH _____ CITY/STATE _____

CHILD 4: FIRST _____ MIDDLE _____ LAST (if different) _____

BIRTHDATE _____ GENDER M F CURRENT SCHOOL & GRADE _____

RELIGION _____ BAPTISM _____ CHURCH _____ CITY/STATE _____

Does in your household have special needs? NO YES If yes: _____

Please return your registration form to the Parish Center, via the collection basket, mail to 535 E. Edgewood Ave, Indianapolis, IN 46227

or email to cjohnson@stmarkindy.org.

We are happy to have you in our parish family!