

ST. MARK'S PARISH REGISTRATION FORM

Name: _____

Date of Birth: _____
Year Month Day

Name: _____

Date of Birth: _____
Year Month Day

Address: _____
No. Street City State Zip

Phone Number: _____

Sacraments Received:

Baptism _____ / _____
First Eucharist _____ / _____
Confirmation _____ / _____
Marital Status _____ / _____

Would you like to volunteer at St. Mark's?

Food Pantry _____
Weekend Meals-on-Wheels _____
Family Sponsorship _____
Bingo _____
Clean the Church _____
Decorate Church _____
Bake/Cook/Clean up for Parish Dinners _____
Other - list _____