

St. Mark Roman Catholic Church
 2407 Laurel Brook Road • Fallston, Maryland 21047
www.saintmarkfallston.org • 410-879-9110 • parishoffice@saintmarkfallston.org
 Thank you for joining our Parish family!

Contacted by Staff: _____

Envelope #: _____

PARISH REGISTRATION – Please Print - All information is confidential.

Last Name: _____ First Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Family Email Address: _____

INDIVIDUAL MEMBER INFORMATION

Head of Household	Spouse	Additional Member of Household	Additional Member of Household
Full Name:	Full Name: Maiden Name:	Full Name: Relationship to Head:	Full Name: Relationship to Head:
Nickname:	Nickname:	Nickname:	Nickname:
Religion:	Religion:	Religion:	Religion:
Birthday (/ /)	Birthday (/ /)	Birthday (/ /)	Birthday (/ /)
Gender () male () female	Gender () male () female	Gender () male () female	Gender () male () female
Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:
Occupation:	Occupation:	Occupation:	Occupation:
Education Level:	Education Level:	School Now Attending: Present Grade:	School Now Attending: Present Grade:
Ethnicity () Caucasian () Asian () African-American () Hispanic () Other	Ethnicity () Caucasian () Asian () African-American () Hispanic () Other	Ethnicity () Caucasian () Asian () African-American () Hispanic () Other	Ethnicity () Caucasian () Asian () African-American () Hispanic () Other
<u>Sacraments</u>	<u>Sacraments</u>	<u>Sacraments</u>	<u>Sacraments</u>
<u>Baptism</u> Date:	<u>Baptism</u> Date:	<u>Baptism</u> Date:	<u>Baptism</u> Date:
Church:	Church:	Church:	Church:
<u>First Eucharist</u> Date:	<u>First Eucharist</u> Date:	<u>First Eucharist</u> Date:	<u>First Eucharist</u> Date:
Church:	Church:	Church:	Church:
<u>Confirmation</u> Date:	<u>Confirmation</u> Date:	<u>Confirmation</u> Date:	<u>Confirmation</u> Date:
Church:	Church:	Church:	Church:
<u>Marriage</u> Date:			
Church:			

I will support the parish as an active steward of my gifts with: 1. Electronic Transfer for my offering () OR 2. Envelopes for my offering ()

Do you, or anyone in your family, have special needs: If so please list: () hearing impaired () vision impaired () wheelchair bound
 () Other (explain) _____



Additional Member of Household	Additional Member of Household	Additional Member of Household	Additional Member of Household
Full Name:	Full Name:	Full Name:	Full Name:
Relationship to Head:	Relationship to Head:	Relationship to Head:	Relationship to Head:
Nickname:	Nickname:	Nickname:	Nickname:
Religion:	Religion:	Religion:	Religion:
Birthday (/ /)	Birthday (/ /)	Birthday (/ /)	Birthday (/ /)
Gender () male () female	Gender () male () female	Gender () male () female	Gender () male () female
Cell Phone:	Cell Phone:	Cell Phone:	Cell Phone:
Occupation:	Occupation:	Occupation:	Occupation:
School Now Attending:	School Now Attending:	School Now Attending:	School Now Attending:
Present Grade:	Present Grade:	Present Grade:	Present Grade:
Ethnicity () Caucasian () Asian () African-American () Hispanic () Other	Ethnicity () Caucasian () Asian () African-American () Hispanic () Other	Ethnicity () Caucasian () Asian () African-American () Hispanic () Other	Ethnicity () Caucasian () Asian () African-American () Hispanic () Other
<u>Sacraments</u>	<u>Sacraments</u>	<u>Sacraments</u>	<u>Sacraments</u>
<u>Baptism</u> Date:	<u>Baptism</u> Date:	<u>Baptism</u> Date:	<u>Baptism</u> Date:
Church:	Church:	Church:	Church:
<u>First Eucharist</u> Date:	<u>First Eucharist</u> Date:	<u>First Eucharist</u> Date:	<u>First Eucharist</u> Date:
Church:	Church:	Church:	Church:
<u>Confirmation</u> Date:	<u>Confirmation</u> Date:	<u>Confirmation</u> Date:	<u>Confirmation</u> Date:
Church:	Church:	Church:	Church: