



St. Mark the Evangelist
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 Archdiocese of Galveston-Houston
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FOR OFFICE USE ONLY

Today's Date: _____

Membership Number: _____

PARISHIONER REGISTRATION FORM

Home Address: _____

City: _____ State: _____ Zip Code: _____

HIS Cell Phone: _____ HER Cell Phone: _____ Alternative Phone: _____

Email Address: _____

HEAD OF HOUSEHOLD AND SPOUSE (IF ANY)	GENDER	RELATIONSHIP WITH HEAD OF HOUSEHOLD	DATE OF BIRTH	ETHNICITY	LANGUAGES SPOKEN	RELIGION	MARITAL STATUS
1. Complete Name (<i>Head of Household</i>):	M / F		mm dd yyyy / /				
2. Complete Name:	M / F		mm dd yyyy / /				

CHILDREN LIVING WITHIN THE HOME AND / OR OTHER INDIVIDUALS HOUSEHOLD MEMBERS	GENDER	RELATIONSHIP WITH HEAD OF HOUSEHOLD	DATE OF BIRTH	ETHNICITY	LANGUAGES SPOKEN	RELIGION	MARITAL STATUS
3. Complete Name:	M / F		mm dd yyyy / /				
4. Complete Name:	M / F		mm dd yyyy / /				
5. Complete Name:	M / F		mm dd yyyy / /				
6. Complete Name:	M / F		mm dd yyyy / /				
7. Complete Name:	M / F		mm dd yyyy / /				