

For Office Use: <b>ENVELOPE #</b> _____ <b>PS</b> _____ <b>OSV</b> _____
<b>MLC</b> _____ <b>Letters: FrT</b> _____ <b>PshStaff</b> _____ <b>WelPac</b> _____ <b>Bread</b> _____

**General Information**

FAMILY NAME (last name) \_\_\_\_\_ DATE \_\_\_\_\_ HOMEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

MARRIAGE DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY, STATE \_\_\_\_\_

**Adult Household Members**

**General Instruction:** Please give dates on sacraments if possible, otherwise  if completed. **Would you like to receive the Criterion?**

PUBLISH the following in the **ST. MARK PRINT AND ON LINE DIRECTORY:**      **EMAIL:**      **PHONE NUMBER:**      **ADDRESS:**

<b>Title</b>	<b>GENDER:</b>			
<b>HEAD:</b>	FIRST _____	MIDDLE _____	LAST (if different) _____	
	MAIDEN _____	BIRTHDATE _____	EMAIL _____	CELLPHONE _____
	OCCUPATION _____	PRIMARY LANGUAGE _____	SECONDARY LANGUAGE _____	
	RELIGION _____	BAPTISMAL DATE _____	CHURCH _____	CITY/STATE _____
	1 <sup>ST</sup> COMMUNION DATE: _____	CONFIRMATION DATE: _____	SKILLS/OCCUPATION _____	

<b>Title</b>	<b>GENDER</b>			
<b>SPOUSE:</b>	FIRST _____	MIDDLE _____	LAST (if different) _____	
	MAIDEN _____	BIRTHDATE _____	EMAIL _____	CELLPHONE _____
	OCCUPATION _____	PRIMARY LANGUAGE _____	SECONDARY LANGUAGE _____	
	RELIGION _____	BAPTISMAL DATE _____	CHURCH _____	CITY/STATE _____
	1 <sup>ST</sup> COMMUNION _____	CONFIRMATION _____	SKILLS/OCCUPATION _____	

## Children/Teen Household Members

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

**CHILD 1:** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST (if different) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_ Currently Attending St. Mark School? \_\_\_\_\_ Roncalli? \_\_\_\_\_

RELIGION \_\_\_\_\_ BAPTISM \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_

**CHILD 2:** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST (if different) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_ Currently Attending St. Mark School? \_\_\_\_\_ Roncalli? \_\_\_\_\_

RELIGION \_\_\_\_\_ BAPTISM \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_

**CHILD 3:** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST (if different) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_ Currently Attending St. Mark School? \_\_\_\_\_ Roncalli? \_\_\_\_\_

RELIGION \_\_\_\_\_ BAPTISM \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_

**CHILD 4:** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST (if different) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_ Currently Attending St. Mark School? \_\_\_\_\_ Roncalli? \_\_\_\_\_

RELIGION \_\_\_\_\_ BAPTISM \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY/STATE \_\_\_\_\_

Does anyone in your household have special needs? 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 [aarcher@stmarkindy.org](mailto:aarcher@stmarkindy.org).