

ST. MARK'S PARISH REGISTRATION FORM

Welcome to your Parish Community!
Please PRINT providing full name and complete dates.

NOTE: ALL INFORMATION PROVIDED IS HELD IN THE STRICTEST CONFIDENCE

Salutation:(Mr. & Mrs./Mr./Ms./etc) and Family Name:	Wife's Maiden Name:
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Complete Address:	Home Phone Number:	HIS work phone/ext.	HER work phone/ext.
		HIS cellphone number	HER cellphone number

Email Address:

I/We attend Mass on:	Sat. 5:00pm	Sun. 8:00am	Sun. 10:00am	Sun. 12:00pm	Sun. 6:00pm
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Parish Financial Support Envelopes Automatic Withdrawal(see back)	No Envelopes needed	First Language:	Second Language:
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Family Members (please indicate the role in your family) Husband(H) Wife(W) Son(S) Daughter(D) Other (O)		Birthday	Sacraments	Catholic	Please state occupation, talents, hobbies, interests and any other information that you <u>might</u> like to share with the Parish. Please note you are not committing to anything at this time.
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First Name	Last Name (if different)	Month	Day	Year	Baptism	Communion	Confirmation	Yes	No	

If you or your family has any special needs, spiritual needs or otherwise, please note them on the other side of this form. THANK YOU and WELCOME!



St. Mark's Parish Direct Debit Authorization Form

Last Name: _____ First Name: _____
 Address: _____
 Visa/Mastercard #: _____ Expiry Date: _____
 Automatic Withdrawal: Bank: _____ Branch: _____
 Account Number: _____
 (Please attach void cheque for verification and information)

Please specify below which funds you would like your gifts to be directed towards and the amount.

	Weekly (\$)	Monthly (\$)	Annually (\$)	Day/Month *
Sunday Offering				
Renovation Fund				
St. Vincent de Paul				
Together in Action				
New Year's Day - January 1				
Seminarian Fund				
Good Friday - Holy Land				
Easter Sunday				
The Pope's Pastoral Works				
Church Maintenance				
World Mission Sunday				
Clergy Pension				
Catholic Education				
Christmas				

* For weekly/monthly/annual gifts, please specify the day or the month you wish to have your gifts withdrawn in the last column.

I authorize St. Mark's Catholic Church, 5552 Madigan Drive N.E. Calgary, Alberta to receive the amounts mentioned above from my Master Card or Visa or by Direct Debit in installments as specified above. I understand that I can change or delete my donation amount at any time with written confirmation to the Parish staff. I understand that I must allow at least 2 weeks to allow these changes to be applied.

Signature

Date