

St. Mark Church
 60 Narragansett Ave., Jamestown, RI 02835
Parishioner Registration Form
 (401) 423-1421 secretary@stmarkjtn.org

Family Name: _____ Mailing Name: (Mr. & Mrs., Ms.) _____
 Address: _____
 City: _____ Home Phone: _____
 State: _____ Zip: _____ Date: _____
 Check One: On-Line Giving: _____ Budget Envelopes: _____

Permission to list your names (for example: John & Mary Jones and children Jack & Jill) in a "Welcome New Parishioner" message to be placed in the bulletin and parish email: Yes: _____ NO: _____

Male Head of Household

First Name: _____ Birth Date: _____
 Cell Phone: _____ Email Address: _____
 Occupation _____ Employer: _____

Sacramental Information

	Date (if known)	Church, City, State
Baptism		
Reconciliation		
First Eucharist		
Confirmation		
Marriage Status (S-M-Div)		

Married by Catholic Priest (Y/N)

Female Head of Household

First Name: _____ Birth Date: _____
 Cell Phone: _____ Email Address: _____
 Occupation _____ Employer: _____

Sacramental Information

	Date (if known)	Church, City, State
Baptism		
Reconciliation		
First Eucharist		
Confirmation		
Marriage Status (S-M-Div)		

Married by Catholic Priest (Y/N)

Family Member Information - Children (Under 18 Years of Age)

Role (Son, Daughter): _____

First Name: _____ Last Name: _____

Birth Date: _____ M/F _____

School: _____ Grade: _____ Anticipated year of High School Graduation _____

	Date (if known)	Church, City, State
Baptism		
Reconciliation		
First Eucharist		
Confirmation		
Marriage Status (S-M-Div)		

Role (Son, Daughter): _____

First Name: _____ Last Name: _____

Birth Date: _____ M/F _____

School: _____ Grade: _____ Anticipated year of High School Graduation _____

	Date (if known)	Church, City, State
Baptism		
Reconciliation		
First Eucharist		
Confirmation		
Marriage Status (S-M-Div)		

Role (Son, Daughter): _____

First Name: _____ Last Name: _____

Birth Date: _____ M/F _____

School: _____ Grade: _____ Anticipated year of High School Graduation _____

	Date (if known)	Church, City, State
Baptism		
Reconciliation		
First Eucharist		
Confirmation		
Marriage Status (S-M-Div)		

Talents or Expertise you may wish to use in service to the Parish: _____

Please indicate if there are any special needs your family has and how the Parish can be of assistance: _____

Office Use: Date: _____ Parish Soft: _____ Email List: _____ Rel Ed: _____ Waltz: _____ WeShare: _____