

SAINT MARK PARISH
1024 RADCLIFFE STREET, BRISTOL, PA 19007
PARISH REGISTRATION INFORMATION

PLEASE PRINT	For office use only: Date Entered: _____ Envelope #: _____
Date: _____	

FAMILY NAME: (Last Name)		
ADDRESS:		
CITY:	ZIP CODE:	
PHONE:		
Family Residence: Tenant _____	Owner _____	
Name (Self):		
(First)	(Middle)	(Maiden)
Birth Date:	Country:	
Religion:	Race:	Language(s):
Years in the Parish:	Church Society:	
Mass Attendance: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? (Parish- City, State)	Date:
Received First Communion? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	Date:
Received Confirmation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	Date:
STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed		
Place of Marriage: <input type="checkbox"/> Religious <input type="checkbox"/> Civil		
Occupation:	Cell Phone:	E-Mail Address:

Name (Spouse):		
(First)	(Middle)	(Maiden)
Birth Date:	Country:	
Religion:	Race:	Language(s):
Years in the Parish:	Church Society:	
Mass Attendance: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? (Parish- City, State)	Date:
Received First Communion? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	Date:
Received Confirmation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	Date:
STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed		
Place of Marriage: <input type="checkbox"/> Religious <input type="checkbox"/> Civil		
Occupation:	Cell Phone:	E-Mail Address:

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Additional Family Members:

If your child is over 18 yrs of age, and has moved out, Please contact our office so we can update our files . They should then contact us to register themselves in the parish.		
Child Name:(1)		
(First)	(Middle)	(Last)
Birth Date:		Country:
Religion:	Race:	Language(s):
Years in the Parish:	Mass Attendance: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you baptized? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? (Parish- City, State) Date:
Received First Communion? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? Date:
Received Confirmation? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? Date:
STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed		
Occupation:	Cell Phone:	E-Mail Address:

Child Name: (2)		
(First)	(Middle)	(Last)
Birth Date:		Country:
Religion:	Race:	Language(s):
Years in the Parish:	Mass Attendance: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you baptized? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? (Parish- City, State) Date:
Received First Communion? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? Date:
Received Confirmation? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? Date:
STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed		
Occupation:	Cell Phone:	E-Mail Address:

Child Name:(3)		
(First)	(Middle)	(Last)
Birth Date:		Country:
Religion:	Race:	Language(s):
Years in the Parish:	Mass Attendance: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you baptized? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? (Parish- City, State) Date:
Received First Communion? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? Date:
Received Confirmation? Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where? Date:
STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed		
Occupation:	Cell Phone:	E-Mail Address:

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Child Name:(4)		
(First)	(Middle)	(Last)
Birth Date:		Country:
Religion:	Race:	Language(s):
Years in the Parish:	Mass Attendance: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? (Parish- City, State)	
Received First Communion?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?
Received Confirmation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?
STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed		
Occupation:	Cell Phone:	E-Mail Address:

Other (1)		
(First)	(Middle)	(Last)
Birth Date:		Country:
Religion:	Race:	Language(s):
Years in the Parish:	Mass Attendance: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? (Parish- City, State)	Date:
Received First Communion?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? Date:
Received Confirmation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? Date:
STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed		
Place of Marriage:	<input type="checkbox"/> Religious	<input type="checkbox"/> Civil
Occupation:	Cell Phone:	Email:

Other (2)		
(First)	(Middle)	(Last)
Birth Date:		Country:
Religion:	Race:	Language(s):
Years in the Parish:	Mass Attendance: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you baptized? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? (Parish- City, State)	Date:
Received First Communion?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? Date:
Received Confirmation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Where? Date:
STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed		
Place of Marriage:	<input type="checkbox"/> Religious	<input type="checkbox"/> Civil

Additional Notes:
