

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

PLEASE PRINT

DATE: \_\_\_\_\_

<b>FAMILY NAME:(Last Name)</b>		
ADDRESS:		
CITY:	ZIP CODE:	
PHONE:		
Family Residence: Tenant _____	Owner _____	
<b>Your Name:</b>		
(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:

<b>Spouse Name:</b>		
(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:
Occupation:	Cell Phone:	E-Mail Address:

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**Additional Family Members:**

<b>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.</b>		
<b>Child Name:(1)</b>		
(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:

<b>Child Name: (2)</b>		
(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:

<b>Child Name:(3)</b>		
(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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<b>Child Name:(4)</b>		
(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:

<b>Other (1)</b>		
(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:

<b>Other (2)</b>		
(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:		