

**ST. MARK CATHOLIC CHURCH**  
**3141 W 96TH AVE, WESTMINSTER, CO 80031**  
**303-466-8720 (PHONE) 303-466-0998 (FAX)**  
**FAMILY REGISTRATION**

Registration Date _____
Env #/Family ID # _____
<b>Office Use Only</b>

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Email: \_\_\_\_\_

Do you wish to use offertory envelopes? Yes \_\_\_ No \_\_\_ or autopay from Credit Card? Yes \_\_\_ No \_\_\_

**INDIVIDUAL MEMBER INFORMATION**

	<u>Head of Household</u>	<u>Spouse</u>
First Name/Last Name:	_____	_____
Maiden Name:	_____	_____
Gender:	Male _____ Female _____	Male _____ Female _____
Marital Status:	Single _____ Married _____ Divorced _____ Widowed _____	Single _____ Married _____ Divorced _____ Widowed _____
DOB (mm/dd/yyyy):	_____	_____
Personal Email:	_____	_____
Home or Work Phone:	_____	_____
Cell Phone:	_____	_____
First Language:	_____	_____
Special Needs (Medical, Learning or Physical Disabilities):	_____	_____
Sacramental Info: (Dates if available)	Baptized: Yes ___ No ___ Date _____ Baptized Catholic: Yes ___ No ___ 1st Communion: Yes ___ No ___ Date: _____ Confirmation: Yes ___ No ___ Date: _____ Catholic Marriage: Yes ___ No ___ Date: _____	Baptized: Yes ___ No ___ Date _____ Baptized Catholic: Yes ___ No ___ 1st Communion: Yes ___ No ___ Date: _____ Confirmation: Yes ___ No ___ Date: _____ Catholic Marriage: Yes ___ No ___ Date: _____

**(DEPENDENT INFORMATION ON THE BACK!)**

## DEPENDENTS INFORMATION

Relation to Head of House: (son, daughter, etc) \_\_\_\_\_ First Language: \_\_\_\_\_

First Name/Last Name: \_\_\_\_\_ / \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Special Needs (Medical, Learning or Physical Disabilities): \_\_\_\_\_

Sacramental Info: Baptized: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Baptized Catholic: Yes \_\_\_ No \_\_\_

(Dates if available) 1st Communion: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Confirmation: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

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Relation to Head of House: (son, daughter, etc) \_\_\_\_\_ First Language: \_\_\_\_\_

First Name/Last Name: \_\_\_\_\_ / \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Special Needs (Medical, Learning or Physical Disabilities): \_\_\_\_\_

Sacramental Info: Baptized: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Baptized Catholic: Yes \_\_\_ No \_\_\_

(Dates if available) 1st Communion: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Confirmation: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

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Relation to Head of House: (son, daughter, etc) \_\_\_\_\_ First Language: \_\_\_\_\_

First Name/Last Name: \_\_\_\_\_ / \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Special Needs (Medical, Learning or Physical Disabilities): \_\_\_\_\_

Sacramental Info: Baptized: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Baptized Catholic: Yes \_\_\_ No \_\_\_

(Dates if available) 1st Communion: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Confirmation: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

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Relation to Head of House: (son, daughter, etc) \_\_\_\_\_ First Language: \_\_\_\_\_

First Name/Last Name: \_\_\_\_\_ / \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Special Needs (Medical, Learning or Physical Disabilities): \_\_\_\_\_

Sacramental Info: Baptized: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Baptized Catholic: Yes \_\_\_ No \_\_\_

(Dates if available) 1st Communion: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Confirmation: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

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Relation to Head of House: (son, daughter, etc) \_\_\_\_\_ First Language: \_\_\_\_\_

First Name/Last Name: \_\_\_\_\_ / \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Special Needs (Medical, Learning or Physical Disabilities): \_\_\_\_\_

Sacramental Info: Baptized: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Baptized Catholic: Yes \_\_\_ No \_\_\_

(Dates if available) 1st Communion: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Confirmation: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

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**If more than 5 dependants please add another sheet of paper with the same information.**