



Membership Information

Please fill out a separate sheet for all family members and attach them together. All information is confidential and will never be shared with an outside entity.

Name _____

Maiden Name (optional) _____

Address _____

Telephone-Home _____ Publish? Y N

Telephone-Cell _____ Publish? Y N

E-Mail _____ Publish? Y N

Birthday _____ Publish? Y N

Anniversary (optional) _____

Baptism Yes Date _____ Yes, date unknown No

Confirmation Yes Date _____ Yes, date unknown No

Received/Transferred Yes Date _____ Yes, date unknown N/A

Prior Church Membership _____

Groups Involved With (optional) _____

Interests/Hobbies (optional) _____

Professional Fields/Services (optional) _____

Spouse _____

Parents (if a child) _____

Children _____

Yes! I would like a parish directory!

Yes! I would like to transfer my membership to St. Mark's!

Yes! I would like offering envelopes!