

# ST. MARK'S PARISH REGISTRATION FORM

Welcome to your Parish Community!  
Please PRINT providing full name and complete dates.

**NOTE: ALL INFORMATION PROVIDED IS HELD IN THE STRICTEST CONFIDENCE**

Salutation:(Mr. & Mrs./Mr./Ms./etc) and Family Name:					Wife's Maiden Name:																																																																																											
Complete Address:			Home Phone Number:			HIS work phone/ext.		HER work phone/ext.																																																																																								
						HIS cellphone number		HER cellphone number																																																																																								
			Email Address:																																																																																													
			I/We attend Mass on:																																																																																													
Parish Financial Support			<input type="checkbox"/> <b>Envelopes</b> <input type="checkbox"/> <b>Automatic Withdrawal</b> (see back)		<input type="checkbox"/> No Envelopes needed		<input type="checkbox"/> Sat. 5:00pm <input type="checkbox"/> Sun. 8:00am <input type="checkbox"/> Sun. 10:00am <input type="checkbox"/> Sun. 12:00pm <input type="checkbox"/> Sun. 6:00pm																																																																																									
Family Members (please indicate the role in your family) Husband(H) Wife(W) Son(S) Daughter(D) Other (O)			First Language:			Second Language:																																																																																										
First Name                      Last Name (if different)			Birthday                      Sacraments                      Catholic			Please state occupation, talents, hobbies, interests and any other information that you <u>might</u> like to share with the Parish. Please note you are not committing to anything at this time.																																																																																										
			<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Month</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Day</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Year</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Baptism</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Communion</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Confirmation</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Yes</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">No</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			Month	Day	Year	Baptism	Communion	Confirmation	Yes	No																																																																																			
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*If you or your family has any special needs, spiritual needs or otherwise, please note them on the other side of this form. THANK YOU and WELCOME!*



## St. Mark's Parish Direct Debit Authorization Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Visa/Mastercard #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Automatic Withdrawal: Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 (Please attach void cheque for verification and information)

Please specify below which funds you would like your gifts to be directed towards and the amount.

	Weekly (\$)	Monthly (\$)	Annually (\$)	Day/Month *
Sunday Offering				
Renovation Fund				
St. Vincent de Paul				
Together in Action				
New Year's Day - January 1				
Seminarian Fund				
Good Friday - Holy Land				
Easter Sunday				
The Pope's Pastoral Works				
Church Maintenance				
World Mission Sunday				
Clergy Pension				
Catholic Education				
Christmas				

\* For weekly/monthly/annual gifts, please specify the day or the month you wish to have your gifts withdrawn in the last column.

*I authorize St. Mark's Catholic Church, 5552 Madigan Drive N.E. Calgary, Alberta to receive the amounts mentioned above from my Master Card or Visa or by Direct Debit in installments as specified above. I understand that I can change or delete my donation amount at any time with written confirmation to the Parish staff. I understand that I must allow at least 2 weeks to allow these changes to be applied.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date