

St. Mark Parish Faith Formation

2020-2021 Sacramental Preparation for First Reconciliation & First Eucharist Registration



Child's full name: _____

Birth date: _____ Age: _____ Grade: _____

Parish of Baptism: _____ City and State: _____

Date of Baptism: _____ If not Baptized in the U.S, name of parish and country: _____

Please attach a copy of your child's baptismal certificate

Mother's First and Last (Maiden) Name: _____ Catholic Y ___ N ___

Father's First and Last Name: _____ Catholic Y ___ N ___

Address: _____

City: _____ State _____ Zip _____

Are you currently registered at St. Mark Parish? Yes ___ No ___

Does your child attend St. Mark Parish School? Yes ___ No ___

Best phone number to be reached: _____ Cell ___ Home ___

Best email: _____

Does your child have any food allergies? Y ___ N ___ Please list _____

Questions? Please contact Kirk Altenhofen at the Parish Office (206-364-7900 x105) or
kirka@saintmarkshoreline.org