

St. Marcus Parish Registration Form
8701 Main Ave, PO Box 237, Clear Lake, MN 55319
320-743-2481

Family Last Name: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____
Family Email: _____

ADULT MALE

Last Name: _____ First Name: _____ Middle _____
Religion: _____ Date of Birth: Month _____ Day _____ Year _____
Cell Phone: _____
Occupation _____ Employer _____

Sacramental Information: (please circle one)

Baptized Catholic Y / N, if not what: _____ Reconciliation Y / N First Eucharist Y / N
Confirmed Y / N

If you are a student attending school, where do you attend: _____

ADULT FEMALE

Last Name: _____ First Name: _____ Middle _____
Maiden Name: _____ Religion _____
Date of Birth: Month _____ Day _____ Year _____
Cell Phone: _____
Occupation _____ Employer _____

Sacramental Information: (please circle one)

Baptized Catholic Y / N, if not what: _____ Reconciliation Y / N First Eucharist Y / N
Confirmed Y / N

If you are a student attending school, where do you attend: _____

Marriage Information

Please circle one: Single Married Divorced Annulled Widow

Date of Marriage: _____ Parish of Marriage _____
City _____ State _____

If not married in a Church, where were you married _____

Validated Yes / No Date: _____ Parish _____

Do you currently receive the St. Cloud Visitor? Yes _____ No _____

If not, do you wish to receive it? Yes _____ No _____

Dependent Children Information

Child

Last Name: _____ First Name: _____ Middle _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male or Female

Grade: _____ Name of School: _____

School District: _____

Sacramental Information:

Baptized Catholic Y / N, if not, what: _____ Reconciliation Y / N First Eucharist Y / N
Confirmed Y / N

Child

Last Name: _____ First Name: _____ Middle _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male or Female

Grade: _____ Name of School: _____

School District: _____

Sacramental Information:

Baptized Catholic Y / N, if not, what: _____ Reconciliation Y / N First Eucharist Y / N
Confirmed Y / N

Child

Last Name: _____ First Name: _____ Middle _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male or Female

Grade: _____ Name of School: _____

School District: _____

Sacramental Information:

Baptized Catholic Y / N, if not, what: _____ Reconciliation Y / N First Eucharist Y / N
Confirmed Y / N

Child

Last Name: _____ First Name: _____ Middle _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male or Female

Grade: _____ Name of School: _____

School District: _____

Sacramental Information:

Baptized Catholic Y / N, if not, what: _____ Reconciliation Y / N First Eucharist Y / N
Confirmed Y / N