



# ST. MARK CATHOLIC CHURCH

OFFICE OF FAITH FORMATION

1760 ECHO HOLLOW RD. EUGENE, OR 97402 ~ 541.689.1054

## Faith Formation

REGISTRATION FORM/Forma de Registro DATE/Fecha \_\_\_\_\_

Family Name/Appellido de Familia \_\_\_\_\_

Father's Name/Nombre de Padre \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name/Nombre de Madre \_\_\_\_\_ Maiden/Soltera \_\_\_\_\_ Religion \_\_\_\_\_

Address/Direccion \_\_\_\_\_ City/Ciudad \_\_\_\_\_ Zip/Codigo Postal \_\_\_\_\_

Phone/Telefono \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Email/Correo \_\_\_\_\_

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Child's Name/Nombre de Nino \_\_\_\_\_

Birth date/Fecha de Nacimiento \_\_\_\_\_ School/Escuela \_\_\_\_\_ Grade \_\_\_\_\_

Baptism/Bautismo \_\_\_\_\_ 1<sup>st</sup> Eucharist \_\_\_\_\_ Reconciliation \_\_\_\_\_ Confirmation \_\_\_\_\_

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