St. Mark's Episcopal Church Data Sheet

(Please fill one out for each family member)

Last Name: _____ **First Name:** _____ **Middle:** _____

Home Address:_____/_____/_____
Street **City** **Zip**

Email Address: _____

Telephone: Home _____/_____/_____ **Cell**_____/_____/_____

Birthdate: _____/_____/_____ **Place of Birth:**_____/_____/_____

Date of Baptism: _____**Church:** _____ **City/State:** _____

Date of Confirmation _____ **Name of Church** _____

If Married: **Marriage Date:** _____/_____/_____ **Permission to publish picture on website** **Yes or No**

Last Name: _____ **First Name:** _____ **Middle:** _____

Home Address:_____/_____/_____
Street **City** **Zip**

Email Address: _____

Telephone: Home _____/_____/_____ **Cell**_____/_____/_____

Birthdate: _____/_____/_____ **Place of Birth:**_____/_____/_____

Date of Baptism: _____**Church:** _____ **City/State:** _____

Date of Confirmation _____ **Name of Church** _____

If Married: **Marriage Date:** _____/_____/_____ **Permission to publish picture on website** **Yes or No**

Last Name: _____ **First Name:** _____ **Middle:** _____

Home Address:_____/_____/_____
Street **City** **Zip**

Email Address: _____

Telephone: Home _____/_____/_____ **Cell**_____/_____/_____

Birthdate: _____/_____/_____ **Place of Birth:**_____/_____/_____

Date of Baptism: _____**Church:** _____ **City/State:** _____

Date of Confirmation _____ **Name of Church** _____

If Married: **Marriage Date:** _____/_____/_____ **Permission to publish picture on website** **Yes or No**

2200 Ave. E Bay City, TX 77414 marthahjohnson@sbcglobal.net (979-245-2557) www.saint-mark.org

Last Name: _____ **First Name:** _____ **Middle:** _____

Home Address:_____/_____/_____
Street **City** **Zip**

Email Address: _____

Telephone: Home _____/_____/_____ **Cell**_____/_____/_____

Birthdate: _____/_____/_____ **Place of Birth:**_____/_____/_____

Date of Baptism: _____**Church:** _____ **City/State:** _____

Date of Confirmation _____ **Name of Church** _____

If Married: **Marriage Date:** _____/_____/_____ **Permission to publish picture on website** **Yes or No**

Last Name: _____ **First Name:** _____ **Middle:** _____

Home Address:_____/_____/_____
Street **City** **Zip**

Email Address: _____

Telephone: Home _____/_____/_____ **Cell**_____/_____/_____

Birthdate: _____/_____/_____ **Place of Birth:**_____/_____/_____

Date of Baptism: _____**Church:** _____ **City/State:** _____

Date of Confirmation _____ **Name of Church** _____

If Married: **Marriage Date:** _____/_____/_____ **Permission to publish picture on website** **Yes or No**

Last Name: _____ **First Name:** _____ **Middle:** _____

Home Address:_____/_____/_____
Street **City** **Zip**

Email Address: _____

Telephone: Home _____/_____/_____ **Cell**_____/_____/_____

Birthdate: _____/_____/_____ **Place of Birth:**_____/_____/_____

Date of Baptism: _____**Church:** _____ **City/State:** _____

Date of Confirmation _____ **Name of Church** _____

If Married: **Marriage Date:** _____/_____/_____ **Permission to publish picture on website** **Yes or No**