

PARISH ID PROGRAM

APPLICATION PACKET

For more information visit stmarkplano.org/parishID

Checklist

□ Be at least 18 years old
☐ Be a registered and active member at St. Mark the Evangelist for at least 3 months by the date of applying for Parish ID
□ Complete Parish ID Application
 Provide at <u>least one</u> of the following forms of identification Driver's License (Expired/Active) Birth Certificate (Foreign/Domestic) Government ID (Foreign/Domestic; Expired/Active) Passport (Foreign/Domestic; Expired/Active) VISA/Green Card/Permanent Resident Utility Bill or Bank Statement with your name and address
 Provide a signed Letter of Recommendation from a U.S. citizen, such as an employer or friend/family that provides account to your good character (example provided)
□ Notarized Affidavit (Optional)
□ Turn in your application to St. Mark Parish Office
 Know your appointment times to get your picture taken and receive your Parish ID Don't forget to bring the original copy of your chosen form of ID!

Parish ID Application



Name:			Date:	
Gender (circle one): Male	Female	Date of Birth:	Age:	
Phone Number:		_ Email Address:		
Address:				
Name of the Catholic Church		where you live:		
Forms of Identification (at lea				
☐ Driver's License (Ex	pired/Active	2)		
☐ Birth Certificate (Fo	reign/Dome	estic)		
☐ Government ID (For	eign/Dome	stic; Expired/Active)		
☐ Passport (Foreign/D	omestic; Ex	pired/Active)		
☐ VISA/Green Card/Pe	ermanent Re	esident		
☐ Utility Bill or Bank S	tatement w	ith your name and add	ress	
Additional Documentation				
☐ Letter of Recomme	ndation			
☐ Notarized Affidavit	(Optional)			
Note: The Parish I.D is strictly for Ident	tification, it do	es not serve as a driver's licen	se	
For Parish Office use only:				
☐ Verified Membership				
☐ Scanned Documents				
☐ Photo Taken				
Parish ID #				

Letter of Recommendation Example



From employer:		
Date		
Dear Pastor,		
I have known We have worked at would recommend this person because_	for	months/years.
Printed Name		
Signature		
From friend or family member:		
Date		
Dear Pastor,		
I amthat his/her family have been established He/she has a good reputation at their jol and they are involved in the following co	d in the Plano, Texas area for _ b at ommunity organizations:	months/years.
Church and live their Christian faith in th person because	ne way they treat others. I wou	_
		·
Printed Name		
Signature		

Notarized Affidavit

Optional



l	declare to have known				
who resides at					
City	State	Zip Code	since		
My relationship to 1	the above person is				
My address is					
My ID / Driver's Lice	ense # is	·			
I declare that the in	nformation above is tru	ue and complete to the bes	t of my knowledge.		
Printed Name of Pe	erson Making Stateme	ent			
Signature of Persor	n Making Statement				
	be completed by No	tary: s day of	, 20 .		
My commission e	xpires:	· 	, == <u> </u>		
 Notary Signature					