



St. Stephen Parish Registration Form

It is very important to keep your parish registration up to date, we use this when you are asked to be a sponsor/godparent and to keep record of families in attendance.

Today's Date: _____ Would you like to receive contribution envelopes? Y____ N____

Head of Household

Last Name: _____ First: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Religion: _____ DOB: _____

Occupation: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism____ Reconciliation____ Holy Eucharist____ Confirmation____ Marriage____

Spouse / Other Adult

Last Name: _____ First: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Religion: _____ DOB: _____

Occupation: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism____ Reconciliation____ Holy Eucharist____ Confirmation____ Marriage____

Please complete back side for children currently living in household.

Child

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: Child _____ Stepchild _____ Grandchild _____ Other _____

Religion: _____

DOB: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism _____ Reconciliation _____ Holy Eucharist _____ Confirmation _____ Marriage _____

Child

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: Child _____ Stepchild _____ Grandchild _____ Other _____

Religion: _____

DOB: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism _____ Reconciliation _____ Holy Eucharist _____ Confirmation _____ Marriage _____

Child

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: Child _____ Stepchild _____ Grandchild _____ Other _____

Religion: _____

DOB: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism _____ Reconciliation _____ Holy Eucharist _____ Confirmation _____ Marriage _____

Child

Last Name: _____ First: _____ Middle Initial: _____

Relation to Head of Household: Child _____ Stepchild _____ Grandchild _____ Other _____

Religion: _____

DOB: _____ Grade: _____

Special Needs: _____

Sacraments Received: (Check all boxes that apply)

Baptism _____ Reconciliation _____ Holy Eucharist _____ Confirmation _____ Marriage _____