

Saint Stephen Parish - Family Registration Form

Please print all information. Thank you.

Family Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____, State: _____ Zip Code: _____

Email Address: _____

Head of Household

First Name: _____ Middle Name _____

(Maiden or Legal Last Name) _____ Date of Birth: ____/____/____
month day year

Marital Status: Single Married Widowed Divorced

Occupation: _____ Employer: _____

Are you Catholic? yes: no: If no, state religion or affiliation _____

Please check sacraments received & dates (if known):

Baptism: Church _____

City _____ State _____ Date: _____

Eucharist: Church _____

City _____ State _____ Date: _____

Confirmation: Church _____

City _____ State _____ Date: _____

Marriage: Church or Civil Ceremony _____

City _____ State _____ Date: _____

Spouse

First Name: _____ Middle Name _____

(Maiden or Legal Last Name) _____ Date of Birth: ____/____/____
month day year

Occupation: _____ Employer: _____

Are you Catholic? yes: no: If no, state religion or affiliation _____

Please check sacraments received & dates (if known):

Baptism: Church _____

City _____ State _____ Date: _____

Eucharist: Church _____

City _____ State _____ Date: _____

Confirmation: Church _____

City _____ State _____ Date: _____

Marriage: Church or Civil Ceremony _____

City _____ State _____ Date: _____

Oldest Dependent Child

Adult children who are post high school or college must register separately.

If you are raising grandchildren, who may/or may not be your legal dependents, please provide their information.

First Name: _____ Middle Name _____

Last Name (if different) _____ Date of Birth: _____ / _____ / _____
month day year

Please check sacraments received & dates (if known):

Baptism: Church _____

City _____ State _____ Date: _____

Eucharist: Church _____

City _____ State _____ Date: _____

Confirmation: Church _____

Second Dependent Child

First Name: _____ Middle Name _____

Last Name (if different) _____ Date of Birth: _____ / _____ / _____
month day year

Please check sacraments received & dates (if known):

Baptism: Church _____

City _____ State _____ Date: _____

Eucharist: Church _____

City _____ State _____ Date: _____

Confirmation: Church _____

Third Dependent Child

First Name: _____ Middle Name _____

Last Name (if different) _____ Date of Birth: _____ / _____ / _____
month day year

Please check sacraments received & dates (if known):

Baptism: Church _____

City _____ State _____ Date: _____

Eucharist: Church _____

City _____ State _____ Date: _____

Confirmation: Church _____

Fourth Dependent Child

First Name: _____ Middle Name _____

Last Name (if different) _____ Date of Birth: _____ / _____ / _____
month day year

Please check sacraments received & dates (if known):

Baptism: Church _____

City _____ State _____ Date: _____

Eucharist: Church _____

City _____ State _____ Date: _____

Confirmation: Church _____

Other Family Member

(Parents, aunts, uncles, etc. who reside in the home, or parents who are in assisted-living or nursing facilities)

First Name: _____ Middle Name _____

Last Name: _____ Date of Birth: _____ / _____ / _____
month day year

Relationship to Head of Household _____

Name of Facility (if not living in your home) _____

Are they Catholic? yes: no: If no, state religion or affiliation _____

Please check sacraments received & dates (if known):

Baptism: Church _____

City _____ State _____ Date: _____

Eucharist: Church _____

City _____ State _____ Date: _____

Confirmation: Church _____

City _____ State _____ Date: _____

Marriage: Church or Civil Ceremony _____

City _____ State _____ Date: _____

Other Family Member

(Parents, aunts, uncles, etc. who reside in the home, or parents who are in assisted-living or nursing facilities)

First Name: _____ Middle Name _____

Last Name: _____ Date of Birth: _____ / _____ / _____
month day year

Relationship to Head of Household _____

Name of Facility *(if not living in your home)* _____

Are they Catholic? yes: no: If no, state religion or affiliation _____

Please check sacraments received & dates (if known):

Baptism: Church _____

City _____ State _____ Date: _____

Eucharist: Church _____

City _____ State _____ Date: _____

Confirmation: Church _____

City _____ State _____ Date: _____

Marriage: Church or Civil Ceremony _____

City _____ State _____ Date: _____