

PARISH REGISTRATION/UPDATE FORM

Date: _____ New Member Change in registration information How long have you been attending St. Stephen? _____

Family Last Name: _____ Home Phone: _____ Languages: _____

Address: _____ City: _____ State: _____ Zip: _____

Self: Email: _____ Employer: _____ phone: _____ Ethnicity: _____
 (optional)

Spouse: Email: _____ Employer: _____ phone: _____ Ethnicity: _____
 (optional)

Wedding Anniversary Date _____ Correspondence addressed to (including title/s): _____

	Full Name	Nickname	Gender M/F	Living at Home Y/N	Birth Date (mm/dd/yy)	Marital Status (S,M,W,D)	Religion	Occupation/ School Grade	Cell Phone
Self									
Spouse									
Child									
Child									
Child									
Child									
Child									
Other									

Do you know how you might like to volunteer at St. Stephen? _____ I received St. Stephen's Welcome Packet: __yes __no

What brings you to St. Stephen at this time? _____

Would you like more information about serving in our various ministries? _____yes ___no