

# Welcome to St Stephen Parish

P.O. Box 662  
Salado, TX 76571

Office  
254-947-8037

## Registration Form

ID # \_\_\_\_\_ New: \_\_\_\_\_ Update: \_\_\_\_\_ **Family Information** Visitor: \_\_\_\_\_ Remove (Relocating): \_\_\_\_\_  
Home Bound \_\_\_\_\_ / Nursing Home \_\_\_\_\_ Name of Nursing Home \_\_\_\_\_

<b>Family Last Name</b>	<b>Marital Status</b>
Street Address: _____	<input type="checkbox"/> Married in Catholic Church
City/State: _____ Zip Code: _____	<input type="checkbox"/> Married in Other Church
Mailing Address: _____	<input type="checkbox"/> Married in Civil Ceremony
City/State: _____ Zip Code: _____	<input type="checkbox"/> Common Law Marriage
Home Phone: _____ Unlisted? Yes No	<input type="checkbox"/> Single
Family Email: _____	<input type="checkbox"/> Separated
Today's Date: _____	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Engaged
	<input type="checkbox"/> Other
	<input type="checkbox"/> Married
	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Partnered

- I/We would like to receive offertory envelopes. Yes No
- I/We realize that St Stephen Parish may publish a Directory.
- I/We give permission that my/our Contact Information\*\* may be published in the directory Yes No (If NO, please contact the church office)

\*\*Contact Information may include address, phone, email, and children

### Individual Information

**Head of Household #1**

Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Last Name: \_\_\_\_\_

Informal or Nickname: \_\_\_\_\_

Suffix (circle one): Jr. Sr. III IV Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Ethnic Type: \_\_\_\_\_

Primary Language: \_\_\_\_\_ 2nd: \_\_\_\_\_

**Sacrament Received**

Baptism: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

First Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Marriage: \_\_\_\_\_

Would like to receive information to complete Sacraments?: Yes No

Are you interested in RCIA? Yes No

**Head of Household #2**

Title (circle one): Mr. Mrs. Ms. Dr. Miss Other: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Last Name: \_\_\_\_\_

Informal or Nickname: \_\_\_\_\_

Suffix (circle one): Jr. Sr. III IV Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Ethnic Type: \_\_\_\_\_

Primary Language: \_\_\_\_\_ 2nd: \_\_\_\_\_

**Sacrament Received**

Baptism: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

First Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Marriage: \_\_\_\_\_

Would like to receive information to complete Sacraments?: Yes No

Are you interested in RCIA? Yes No

List minor children and other household members on next page  
CONFIDENTIAL - For Church Use Only

**Minor Children (under the age of 18)**

First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Informal or Nickname: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: M F Grade: \_\_\_\_\_ as of Fall: \_\_\_\_\_

***Sacrament Received***

(Yes or No; If \*YES\* include Date, Location, City & State)

Baptism \_\_\_\_\_  
 \_\_\_\_\_  
 Reconciliation \_\_\_\_\_  
 \_\_\_\_\_  
 First Communion \_\_\_\_\_  
 \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 \_\_\_\_\_

First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Informal or Nickname: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: M F Grade: \_\_\_\_\_ as of Fall: \_\_\_\_\_

***Sacrament Received***

(Yes or No; If \*YES\* include Date, Location, City & State)

Baptism \_\_\_\_\_  
 \_\_\_\_\_  
 Reconciliation \_\_\_\_\_  
 \_\_\_\_\_  
 First Communion \_\_\_\_\_  
 \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 \_\_\_\_\_

First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Informal or Nickname: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: M F Grade: \_\_\_\_\_ as of Fall: \_\_\_\_\_

***Sacrament Received***

(Yes or No; If \*YES\* include Date, Location, City & State)

Baptism \_\_\_\_\_  
 \_\_\_\_\_  
 Reconciliation \_\_\_\_\_  
 \_\_\_\_\_  
 First Communion \_\_\_\_\_  
 \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 \_\_\_\_\_

First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Informal or Nickname: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: M F Grade: \_\_\_\_\_ as of Fall: \_\_\_\_\_

***Sacrament Received***

(Yes or No; If \*YES\* include Date, Location, City & State)

Baptism \_\_\_\_\_  
 \_\_\_\_\_  
 Reconciliation \_\_\_\_\_  
 \_\_\_\_\_  
 First Communion \_\_\_\_\_  
 \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 \_\_\_\_\_

First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Informal or Nickname: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: M F Grade: \_\_\_\_\_ as of Fall: \_\_\_\_\_

***Sacrament Received***

(Yes or No; If \*YES\* include Date, Location, City & State)

Baptism \_\_\_\_\_  
 \_\_\_\_\_  
 Reconciliation \_\_\_\_\_  
 \_\_\_\_\_  
 First Communion \_\_\_\_\_  
 \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 \_\_\_\_\_

First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Informal or Nickname: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: M F Grade: \_\_\_\_\_ as of Fall: \_\_\_\_\_

***Sacrament Received***

(Yes or No; If \*YES\* include Date, Location, City & State)

Baptism \_\_\_\_\_  
 \_\_\_\_\_  
 Reconciliation \_\_\_\_\_  
 \_\_\_\_\_  
 First Communion \_\_\_\_\_  
 \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 \_\_\_\_\_

**Adults (18 and over) who live with you**

First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Informal or Nickname: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: Male Female  
 Sacrament: Please note in the box above.  
 Relationship to you: \_\_\_\_\_  
 Is this person homebound or invalid? Yes No  
 If yes, would they like to receive  
 communion at home? Yes No

First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Informal or Nickname: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: Male Female  
 Sacrament: Please note in the box above.  
 Relationship to you: \_\_\_\_\_  
 Is this person homebound or invalid? Yes No  
 If yes, would they like to receive  
 communion at home? Yes No

First: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 Last: \_\_\_\_\_  
 Informal or Nickname: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: Male Female  
 Sacrament: Please note in the box above.  
 Relationship to you: \_\_\_\_\_  
 Is this person homebound or invalid? Yes No  
 If yes, would they like to receive  
 communion at home? Yes No