

ACS _____
Card _____
Env _____
New Member Pack _____

ST. STEPHEN CHURCH
PARISH REGISTRATION

West Salem, Ohio 44287

Person Completing Form: _____

Date: _____

Family Information

Family Name: _____

Home Address: _____

Street city state zip

Winter/Other Address: _____

Street city state zip

Home Phone: _____ E-mail: _____

Emergency Contact: _____

Name relationship phone Cell

Do you wish to receive envelopes? _____

Husband

First Name, Middle Initial: _____ Goes-by: _____

Birth Date: _____ Birth Place: _____

Occupation/Employer: _____

Work Phone: _____ Cell Phone: _____

Religion: _____ Degree of Religious Practice: _____

Convert From? _____

Baptism (Church and Date): _____

First Communion (Church and Date): _____

Confirmation (Church and Date): _____

Marriage (Church and Date): _____

Married by: Priest _____ Minister _____ Magistrate _____

Hobbies/Interests/Talents/Organization Membership: _____

Parish Involvement (past, present, considering): _____

Education: _____ Degree: _____

Wife

First Name, Middle Initial: _____ Goes-by: _____

Birth Date: _____ Birth Place: _____ Maiden Name: _____

Occupation/Employer: _____

Work Phone: _____ Cell Phone: _____

Religion: _____ Degree of Religious Practice: _____

Convert From? _____

Baptism (Church and Date): _____

First Communion (Church and Date): _____

Confirmation (Church and Date): _____

Marriage (Church and Date): _____

Married by: Priest _____ Minister _____ Magistrate _____

Hobbies/Interests/Talents/Organization Membership: _____

Parish Involvement (past, present, considering): _____

Education: _____ Degree: _____

Children Living at Home

First Child

First Name, Middle Initial: _____ Goes-by: _____

Birth Date: _____ Birth Place: _____

School/Grade/Occupation/Employer: _____

Attending PSR? _____ Grade: _____

Religion: _____ Degree of Religious Practice: _____

Convert From? _____

Baptism (Church and Date): _____

First Communion (Church and Date): _____

Confirmation (Church and Date): _____

Activities/Hobbies/Talents/Organizations: _____

Second Child

First Name, Middle Initial: _____ Goes-by: _____

Birth Date: _____ Birth Place: _____

School/Grade/Occupation/Employer: _____

Attending PSR? _____ Grade: _____

Religion: _____ Degree of Religious Practice: _____

Convert From? _____

Baptism (Church and Date): _____

First Communion (Church and Date): _____

Confirmation (Church and Date): _____

Activities/Hobbies/Talents/Organizations: _____

Third Child

First Name, Middle Initial: _____ Goes-by: _____

Birth Date: _____ Birth Place: _____

School/Grade/Occupation/Employer: _____

Attending PSR? _____ Grade: _____

Religion: _____ Degree of Religious Practice: _____

Convert From? _____

Baptism (Church and Date): _____

First Communion (Church and Date): _____

Confirmation (Church and Date): _____

Activities/Hobbies/Talents/Organizations: _____

Fourth Child

First Name, Middle Initial: _____ Goes-by: _____

Birth Date: _____ Birth Place: _____

School/Grade/Occupation/Employer: _____

Attending PSR? _____ Grade: _____

Religion: _____ Degree of Religious Practice: _____

Convert From? _____

Baptism (Church and Date): _____

First Communion (Church and Date): _____

Confirmation (Church and Date): _____

Activities/Hobbies/Talents/Organizations: _____

