

Welcome to St. Stephen Parish

P.O. Box 662
Salado, Texas 76571

Registration Form

Office
254-947-8037

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

Family Last Name: _____

Street Address: _____

City/State: _____ Zip Code: _____

Mailing Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Unlisted? Yes ___ No ___

Family Email: _____

Today's Date: _____

- 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 directory Yes ___ No ___ (If NO, please contact the Church office)

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

Marital Status

- ___ Married in Catholic Church
- ___ Married in Other Church
- ___ Married in Civil Ceremony
- ___ Common Law Marriage
- ___ Single
- ___ Separated
- ___ Divorced
- ___ Widowed
- ___ Engaged
- ___ Other
- ___ Married
- ___ Unknown
- ___ Partnered

Individual Information

Head of Household # 1

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

First Name: _____

Informal or Nickname: _____

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

Mail 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: _____

Formal or Nickname: _____

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

Mail 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

Minor Children (under the edge 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: _____
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: _____
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: _____
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