

ST. STEPHEN PARISH - REGISTRATION FORM

DATE: _____

LAST NAME: _____

ADDRESS (Include Apt. #): _____

CITY: _____ ZIP: _____ PHONE #: _____ Listed _____
Unlisted _____

MARITAL STATUS (Check 1): Catholic Marriage _____ Civil Marriage _____ Single _____
Widowed _____ Separated _____ Divorced _____

MALE

FEMALE

FIRST NAME _____

MAIDEN NAME _____

BIRTHDATE (Mo/Day/Year) _____

RELIGION _____

OCCUPATION _____

SACRAMENTS RECEIVED (Please Circle)

Baptism	YES/NO	YES/NO
1 st Communion	YES/NO	YES/NO
Confirmation	YES/NO	YES/NO

CHURCH ATTENDANCE: Regular _____ Frequent _____ Occasional _____ Seldom _____

SUNDAY ENVELOPES: Will Use Envelopes _____ Will Not Use Envelopes _____

NAME OF PREVIOUS PARISH: _____ CITY/STATE _____

COMPLETE THE FOLLOWING FOR CHILDREN LIVING AT HOME:

<u>Name</u>	<u>Birthdate</u>	<u>Baptism</u>	<u>1st Com.</u>	<u>Confirmed</u>	<u>School</u>
		Yes/No	Yes/No	Yes/No	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Please list additional children on reverse side)

IF YOU ARE HOMEBOUND, WOULD YOU LIKE COMMUNION BROUGHT TO YOU? YES/NO
(If YES, what is the name and relationship to you?) _____

PLEASE INCLUDE A PHOTO (Optional)

WHEN COMPLETED, PLEASE DROP IN COLLECTION BASKET, AT PARISH OFFICE, OR MAIL.

Saint Stephen Church, 451 Eucalyptus Drive, San Francisco, CA 94132
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