Welcome to St Stephen Parish

P.O. Box 662 Salado, TX 76571

Office 254-947-8037

	Registration For	m		
ID# New: Update:	Family Information	on Visit	or: Remove (Relocating):
Home Bound / Nursing Home N	lame of Nursing Home			
Family Last Name			Mar	ital Status
Street Address:				
City/State:	Zin Codo		Mar	ried in Catholic Church
Mailing Address:	Zip Code,		Iviar	ried in Other Church
Mailing Address: City/State:	7in Codo			ried in Civil Ceremony nmon Law Marriage
Home Phone:	Lip code.	N, , , , , , , , , , , , , , , , , , ,	Con	
Family Email:	Omisied? Tes (vo)	Sepa	
Today's Date:			Divo	
Today's Date:			Wid	
I/We would like to receive ofference			Enga	
a tre would like to receive offertory e	nvelopes. Yes No		Othe	(EX)
if we realize that of Stephen Parish ma	ay publish a Directory.		Man	
we give permission that my/our Cor	ntact Information** may be	published	Unk	nown
in the directory Yes No (If NO, p		fice)	Parti	nered
**Contact Information may include addre	ss, phone, email, and children			
	Individual Informati	on		
Head of Household #1		Head	of Household #2	*
Title (circle one): Mr. Mrs. M. D. Mr.		-		
Title (circle one): Mr. Mrs. Ms. Dr. Miss Other First Name;	· T	itle (circle one): Mr.	Mrs. Ms. Dr. Miss	Other:
		urst Name:		
Middle Name: Maiden: Maiden:	1 1	/liddle Name:	Maiden:	
The second secon		ast Name:		
Informal or Nickname:	11	monnai or Nickname:	4000	
Suffix (circle one): Jr. Sr. III IV Other:	S	uffix (circle one): Jr.	Sr. III IV Other:	
Email Address:	E	mail Address:		
Cent r none.	C	en i none.		
Religion:	N	engion.	4.947.07	
Occupation:		ccupation:		
Employer:		inployer.		
	W	/ork Phone:		A000 800 000 000 000 000 000 000 000 000
Date of Birth: Gender Ethnic Type:		ate of Birth:	G	ender: Male Female
	Et	thnic Type:		
Primary Language: 2nd:	Pr	mary Language:	2nd	:
Sacrament Received		S	acrament Received	1
Baptism:	Bap	tism:		
Reconciliation:				
First Communion:	į l			
*		Communion:		
Confirmation;	1 0120-		· · · · · · · · · · · · · · · · · · ·	
Маптіаде:	į l			
	ivian	,6		
Would like to receive information to complete Sacramer	nts? Ves No	ould libe to	0000000000 . 000000	
Are you interested in RCIA? Yes No	3. 0.00		ormation to complete Sac	
Are you interested in RCIA? Yes No	3. 0.00		A? Yes No	

Minor Children (under the age of 18)

The state bate, because, city & state)
Last: Informal or Nickname: Religion: Date of Birth: Gender: M F Grade: as of Fall: Date of Birth: Gender: M F Grade: as of Fall: Sacrament Received (Yes or No; If *YES* include Date, Location, City & State) Baptism Reconciliation
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) First: Middle: Last: Informal or Nickname: Religion: Date of Birth: Gender: M F Grade: as of Fall: Middle: Last: Informal or Nickname: Religion: Date of Birth: Gender: M F Grade: as of Fall: Date of Birth: Gender: M F Grade: as of Fall: Sacrament Received (Yes or No; If *YES* include Date, Location, City & State) Sacrament Received (Yes or No; If *YES* include Date, Location, City & State) Sacrament Received (Yes or No; If *YES* include Date, Location, City & State) Sacrament Received (Yes or No; If *YES* include Date, Location, City & State) Sacrament Received (Yes or No; If *YES* include Date, Location, City & State) Sacrament Received (Yes or No; If *YES* include Date, Location, City & State)
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Baptism Baptism Baptism
Reconciliation Reconciliation Reconciliation
First Communion First Communion First Communion
Confirmation Confirmation Confirmation
Adults (18 and over) who live with you
First: First: First:
Middle: Middle: Middle: Last: Last: Last:
Last: Last:
Informal or Nickname: Informal or Nickname: Informal or Nickname:
Religion: Religion: Religion:
Date of Birth: Date of Birth: Date of Birth:
Gender: Male Female Gender: Male Female Gender: Male Female
Sacrament: Please note in the box above. Sacrament: Please note in the box above. Sacrament: Please note in the box above.
Relationship to you: Relationship to you: Relationship to you:
to you.
Is this person homebound or invalid? Yes No If yes, would they like to receive

communion at home? Yes No

communion at home? Yes No

communion at home? Yes No