



# Saint Stephen Parish

(CONFIDENTIAL – For Church Use Only)

(Please return completed form to Parish Office, 8030 Bradshaw Road, Kingsville, MD 21087)

Were you previously registered here? Yes  No

Year you moved to Parish: \_\_\_\_\_

Mailing <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mr. & Mrs. Family Name: _____	Phone: Home _____ Cell _____	Wish to receive envelopes? Yes <input type="checkbox"/> No <input type="checkbox"/> Envelope # _____
Address: _____ City: _____ State: _____ Zip: _____	Date of Registration: _____	Wish to receive <i>Catholic Review</i> ? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Suggested donation \$30)</i>
Email: _____	Do you wish a pastoral visit? Yes <input type="checkbox"/> No <input type="checkbox"/>	Anyone wish to receive communion at home? Yes <input type="checkbox"/> No <input type="checkbox"/>

Single Male/Husband _____ Sacraments (Please check) Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirm. <input type="checkbox"/>	D.O.B _____	Religion _____	Marital Stat _____	Occupation _____ Place of Business _____ Business Phone _____
Single Female/Wife _____ Sacraments Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirm. <input type="checkbox"/>	D.O.B _____	Religion _____	Marital Stat _____	Occupation _____ Place of Business _____ Business Phone _____

Children: First name & Last Name (if different last name)	D.O.B	Sex M/F	Baptism Y/N	Eucharist Y/N	Penance Y/N	Confirma-tion Y/N	Name of School attending or Person's Occupation
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<b>Others in house/Relationship</b> _____ / _____ _____ / _____	_____	_____	_____	_____	_____	_____	_____

Please indicate interest in various Parish Ministries by Family Member Name:

<b>MUSIC:</b> _____ Cantor _____ Choir _____ Contemporary Group	<b>FAITH FORMATION:</b> _____ <b>Adult Education</b> _____ <b>Aide</b> _____ <b>Office Help</b> _____ <b>Teacher</b>
<b>YOUTH &amp; YOUNG ADULT:</b> _____ <b>Young Adult (18-39)</b> _____ <b>Youth Ministry</b> _____ <b>Confirmation Team</b>	<b>LITURGY:</b> _____ <b>Eucharist Minister</b> _____ <b>Reader</b> _____ <b>Usher</b> _____ <b>Altar Server</b>

