

St. Stephen's Parish Membership form

676 Kearny Avenue, Kearny, NJ 07032

Family Name: _____
Address: _____
Home Phone: _____ E-mail Address: _____
Former Parish: _____

Male Family Member:

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Marital Status: _____ Occupation: _____
Religion: _____
Sacraments: Baptized: _____ First Communion: _____ Confirmed: _____

Female Family Member:

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Marital Status: _____ Occupation: _____
Religion: _____
Sacraments: Baptized: _____ First Communion: _____ Confirmed: _____

Children:

#1

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Marital Status: _____ Occupation: _____
Name of School: _____ Current Grade: _____
Religion: _____
Sacraments: Baptized: _____ First Communion: _____ Confirmed: _____

#2

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Marital Status: _____ Occupation: _____
Name of School: _____ Current Grade: _____
Religion: _____
Sacraments: Baptized: _____ First Communion: _____ Confirmed: _____

#3

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Marital Status: _____ Occupation: _____
Name of School: _____ Current Grade: _____
Religion: _____
Sacraments: Baptized: _____ First Communion: _____ Confirmed: _____

Others residing in household

Title: _____ First Name: _____ Last Name: _____
Date of Birth: _____ Marital Status: _____ Occupation: _____
Religion: _____
Sacraments: Baptized: _____ First Communion: _____ Confirmed: _____

Office Use only:

Date: _____ Registered by: _____