St. Stephen The Martyr Parish
Altar Server Registration Form

Date: _____

Name: (Print)_____ Age : _____

School Attended: _____Grade: _____

Father's Name:_____

Mothers Name : _____

Address: _____

City:_____ Zip Code:_____

Phone: _____ Contact E-MAIL: _____

Check which Masses that you prefer to be scheduled to serve at?
_____ Saturday 5:00pm _____Sunday 8:30am _____Sunday 11:00AM

When/Where did you make your First Holy Communion? _____

Have you ever been an Altar Server? Yes / No Where?_____

Do You have a Brother/Sister who is currently an Altar Server? Yes / No

Name(s): _____

Please Return Completed Form to Ushers Closet
Put in Mailbox for "Deacon Rick Kaszycki"

For additional info, Please email Deacon Rick, R_Kaz@msn.com