

**ST. STEPHEN THE MARTYR
ALTAR SERVER REGISTRATION FORM**



NAME: (PRINT)

BIRTH DATE:

(STUDENTS ONLY)

ADDRESS

CITY

ZIP CODE:

PHONE NUMBER

E-MAIL

FATHER'S NAME:

MOTHER'S NAME

SCHOOL ATTENDED

MASS FREQUENTLY ATTENDED

SATURDAY 5PM	
SUNDAY 8:30 PM	
SUNDAY 11AM	

HAVE YOU EVER BEEN AN ALTAR SERVER ?

IF SO, WHERE AND WHEN:

DO YOU HAVE A BROTHER OR SISTER WHO IS CURRENTLY AN ALTER SERVER?

NAME(S)

**RETURN COMPLETED FORM TO MAILBOX IN USHER'S CLOSET
MARKED: "DEACON RICK KASZYCKI"**