

# New Parishioner Registration Form



**St. Stephen the Martyr Catholic Church**

5373 Wydella Rd., SW; Lilburn, GA 30047; 770-381-7488

**Please PRINT all answers clearly and return to the parish office.**

Family (Last) Name \_\_\_\_\_ Date \_\_\_\_\_

Registrant Name: \_\_\_\_\_ M  F  Preferred Name: \_\_\_\_\_  
Formal First Name & MI

Spouse Name: \_\_\_\_\_ M  F  Preferred Name: \_\_\_\_\_  
Formal First Name & MI

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Is it unlisted? Yes  No

Primary Email: \_\_\_\_\_ Publish contact information? Yes  No

Please circle one: Married Single Divorced Separated Widowed

If married, was it a Catholic Ceremony? Yes  No

Date of Marriage : \_\_\_\_\_ Church / Place of Marriage: \_\_\_\_\_

Previous Catholic Parish: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_

<b>Personal Information</b>	<b>Registrant:</b> (circle one) Mr. Mrs. Ms. Miss Dr.	<b>Spouse:</b> (circle one) Mr. Mrs. Ms. Miss Dr.
Date of Birth	mm/dd/yy:	mm/dd/yy:
Religion	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, other denomination: _____	Roman Catholic? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, other denomination: _____
Sacraments Received (x)	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>	Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Marriage <input type="checkbox"/>
Cell Phone #		
Occupation		
Employer Name		
Work Phone		

Emergency Contact (other than spouse):

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**Please also fill out the reverse side (page 2).**

### CHILD / DEPENDENT INFORMATION (Living at Home)

**\*Please note: if registering after June 1<sup>st</sup>, please indicate grade level entering in the Fall.  
Children over 22 are suggested to register separately.**

**Please fill in all information below for your family.**

List each person in home	Child M <input type="checkbox"/> F <input type="checkbox"/>	Child M <input type="checkbox"/> F <input type="checkbox"/>	Child M <input type="checkbox"/> F <input type="checkbox"/>	Child M <input type="checkbox"/> F <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>
First Name					
Nickname					
Last Name (if different)					
Birthdate					
Religion					
<b>Baptism Yes / No</b> (List Year)					
<b>1<sup>st</sup> Communion Yes / No</b> (List Year)					
<b>Confirmation Yes / No</b> (List Year)					
Grade*					
School attends					

Please note any special needs ( i.e. physically challenged , shut-ins, etc.): \_\_\_\_\_  
\_\_\_\_\_

Do you wish to receive the Archdiocesan Newspaper (The Georgia Bulletin) ? Yes  No

If you have special skills and would like to make them available to the parish, please list in space provided:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_