

**ST. STEPHEN'S EPISCOPAL CHURCH  
MEMBERS INFORMATION FORM**



The \_\_\_\_\_ FAMILY

**PLEASE take the time to fill out this family questionnaire completely and return it to the church office.**

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Emails: \_\_\_\_\_

**ADULT MEMBER #1**

First Name \_\_\_\_\_ (Mr. Mrs. Ms. Dr.)

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_

Work Email \_\_\_\_\_ Work Fax \_\_\_\_\_

Birth (Date/Place) \_\_\_\_\_ Baptism (Date/Place) \_\_\_\_\_

Confirmation (Date/Place) \_\_\_\_\_ Wedding Date \_\_\_\_\_

Cell Phone \_\_\_\_\_

**ADULT MEMBER #2**

First Name \_\_\_\_\_ (Mr. Mrs. Ms. Dr.)

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_

Work Email \_\_\_\_\_ Work Fax \_\_\_\_\_

Birth (Date/Place) \_\_\_\_\_ Baptism (Date/Place) \_\_\_\_\_

Confirmation (Date/Place) \_\_\_\_\_ Wedding Date \_\_\_\_\_

Cell Phone \_\_\_\_\_

**CHILDREN**

**FIRST NAME** \_\_\_\_\_ (M F) **Birth** (Date/Place) \_\_\_\_\_

Baptism (Date/Place) \_\_\_\_\_ Confirmation (Date/Place) \_\_\_\_\_

**FIRST NAME** \_\_\_\_\_ (M F) **Birth** (Date/Place) \_\_\_\_\_

Baptism (Date/Place) \_\_\_\_\_ Confirmation (Date/Place) \_\_\_\_\_

**FIRST NAME** \_\_\_\_\_ (M F) **Birth** (Date/Place) \_\_\_\_\_

Baptism (Date/Place) \_\_\_\_\_ Confirmation (Date/Place) \_\_\_\_\_