

Saint Stephen the Martyr Parish Information Form Please complete a separate form for each adult member in the household

Full Name			
Preferred Name			
Address			_
City:	_St: 2	Zip:	
Home Telephone	Mobi	le	
Which number is best to contact you? _	Home	Mobile	
May we text you with important information	tion? Yes	No	
E-mail Address			
Date of Birth	Envelope Nu	umber	
If married, Anniversary Date		(Please supply year for both DoB and A	Anniversary)
Occupation			
Children			
Name	Birthday	E mail Address	
Name	Birthday	E mail Address	
Name	Birthday _	E mail Address	

(OVER)

Saint Stephen the Martyr Parish of the Polish National Catholic Church 20 Saint Stephens Church Lane; Reading, PA 19607 610-775-4559 voice – 610-796-4889 fax www.ststephenpncc.org

Ministry	Interests
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Please indicate any interest in these ministry areas

TrusteeGreeterUsherChoir/SingingLector			
Musician Instrument(s) Played			
Sunday School Teacher Adult Youth Elementary Pre-school			
Youth Group Mission Christian Education (SOCL)			
Bible StudiesWoman's Group (ANS)Men's Group (YMS of R)			
Other areas you may desire to serve:			

Other information you want to share about yourself (hobbies, interests, etc.)