



The Church of Saint Nicholas

New Parishioner Registration

412 West 4th Street, Carver, MN 55315 952-227-4000 www.stnicholascarver.org

**** Please drop in an envelope in the collection basket, e-mail to info@gachaska.org, or mail to The Church of Saint Nicolas, c/o The Church of the Guardian Angels, 215 W. 2nd Street, Chaska, MN 55318.**

General Information

Date of registration: _____

Family Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

E-mail Address: _____

How Did You Find Out About Us? _____

Do you want to use: Envelopes _____ or Electronic Giving _____

Head of Household

Preferred Title: Mr. _____ Mrs. _____ Ms. _____

Religion/Denomination: _____

First Name: _____

Last Name: _____

Birth date: _____ Baptized? Yes _____ No _____

Church of Baptism: _____ City/State: _____

First Communion: Yes _____ No _____ Confirmation: Yes _____ No _____

Marital Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____ Annulled _____

Date of Marriage: _____ Married by: Priest or Deacon _____ Other Minister _____ Civil Magistrate _____

Occupation: _____

Place of Employment: _____

Work Phone: _____

Work E-mail address: _____

What sort of time and talent do you wish to share with us: _____

Spouse

Preferred Title: Mr. _____ Mrs. _____ Ms. _____

Religion/Denomination: _____

First Name: _____

Last Name: _____

Birth date: _____ Baptized? Yes _____ No _____

Church of Baptism: _____ City/State: _____

First Communion: Yes _____ No _____ Confirmation: Yes _____ No _____

First Communion: Yes _____ No _____ Confirmation: Yes _____ No _____

Marital Status: Single _____ Married _____ Widowed _____ Separated _____ Divorced _____ Annulled _____

Date of Marriage: _____ Married by: Priest or Deacon _____ Other Minister _____ Civil Magistrate _____

Occupation: _____ Place of Employment: _____

Work Phone: _____ Work E-mail address: _____

What sort of time and talent do you wish to share with us: _____

Dependent Child

First Name: _____ Last Name: _____

Gender: Male _____ Female _____ Birth date: _____

Special Needs? Please Explain: _____

Baptized? Yes _____ No _____ First Communion: Yes _____ No _____ Confirmation: Yes _____ No _____

Church of Baptism: _____ City/State: _____

Dependent Child

First Name: _____ Last Name: _____

Gender: Male _____ Female _____ Birth date: _____

Special Needs? Please Explain: _____

Baptized? Yes _____ No _____ First Communion: Yes _____ No _____ Confirmation: Yes _____ No _____

Church of Baptism: _____ City/State: _____

Dependent Child

First Name: _____ Last Name: _____

Gender: Male _____ Female _____ Birth date: _____

Special Needs? Please Explain: _____

Baptized? Yes _____ No _____ First Communion: Yes _____ No _____ Confirmation: Yes _____ No _____

Church of Baptism: _____ City/State: _____