



New Parishioner Registration

St. Nicholas Catholic Church · P.O. Box 133 Carver, MN 55315 · (952) 448-2345 · www.stnicholascarver.org

General Information

Date of Registration _____

Family Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

How did you find out about us? Website/Friend/Parishioner/Driving By/Printed Material/Other

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

Head of Household

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

Last Name: _____

First Name: _____

Nick Name: _____

Maiden Name: _____

Gender: Male _____ Female _____

Religion/Denomination: _____

Marital Status: Single _____ Married _____ Widowed _____

Separated _____ Divorced _____ Annulment Granted _____

Married by: Catholic Priest/Deacon _____ Other Minister _____ Civil Magistrate _____

If Civil or Non-Catholic was the marriage blessed by the Catholic Church? Yes _____ No _____

Occupation: _____

Place of Employment: _____

Work Phone: _____

Email Address: _____

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

Sacramental Information

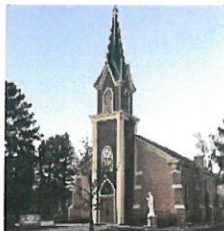
Birth Date: _____

Baptized? Yes _____ No _____ Church of Baptism: _____ City/State: _____

First Communion: Yes _____ No _____

Confirmation: Yes _____ No _____

Marriage: Yes _____ No _____ Date: _____



New Parishioner Registration

St. Nicholas Catholic Church · P.O. Box 133 Carver, MN 55315 · (952) 448-2345 · www.stnicholascarver.org

Spouse

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

Last Name: _____ First Name: _____

Nick Name: _____ Maiden Name: _____

Gender: Male _____ Female _____ Religion/Denomination: _____

Marital Status: Single _____ Married _____ Widowed _____
Separated _____ Divorced _____ Annulment Granted _____

Married by: Catholic Priest/Deacon _____ Other Minister _____ Civil Magistrate _____

If Civil or Non-Catholic was the marriage blessed by the Catholic Church? Yes _____ No _____

Occupation: _____ Place of Employment: _____

Work Phone: _____ Email Address: _____

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

Sacramental Information

Birth Date: _____

Baptized? Yes _____ No _____ Church of Baptism: _____ City/State: _____

First Communion: Yes _____ No _____

Confirmation: Yes _____ No _____

Marriage: Yes _____ No _____ Date: _____



New Parishioner Registration

St. Nicholas Catholic Church · P.O. Box 133 Carver, MN 55315 · (952) 448-2345 · www.stnicholascarver.org

Dependent Child

Last Name: _____ First Name: _____

Nick Name: _____

Gender: Male _____ Female _____

Religion/Denomination: _____

Special Needs? Please Explain _____

Sacramental Information

Birth Date: _____

Baptized? Yes _____ No _____ Church of Baptism: _____ City/State: _____

First Communion: Yes _____ No _____

Confirmation: Yes _____ No _____

Dependent Child

Last Name: _____ First Name: _____

Nick Name: _____

Gender: Male _____ Female _____

Religion/Denomination: _____

Special Needs? Please Explain _____

Sacramental Information

Birth Date: _____

Baptized? Yes _____ No _____ Church of Baptism: _____ City/State: _____

First Communion: Yes _____ No _____

Confirmation: Yes _____ No _____