

Today's Date: _____

(For office use Only) ENVELOPE # _____

St. Wenceslaus Catholic Church Registration

505 3rd Street East, Dickinson, N.D. 58601 • (701) 225-3972



Were you previously registered at a different church? _____

Would you like to enroll in automatic withdrawal/on-line giving?

HEAD OF HOUSEHOLD

Mr. Mrs. Ms. Miss Dr. Other _____

Last Name _____ First _____ Middle _____

Maiden Name (If applicable) _____ Sr. Jr. II III

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Place (City, State) _____

Occupation _____ Email Address _____

<input type="checkbox"/> Catholic	<input type="checkbox"/> Other _____	Sacraments Received	Date	Name of Church/City, State
Marital Status		<input type="checkbox"/> Baptism	_____	_____
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Reconciliation	_____
<input type="checkbox"/> Divorced	<input type="checkbox"/> Catholic Marriage	<input type="checkbox"/> Civil Marriage	<input type="checkbox"/> Communion	_____
<input type="checkbox"/> Annulled	<input type="checkbox"/> Civil Marriage	<input type="checkbox"/> Confirmation	_____	_____

SPOUSE / OTHER ADULT

Mr. Mrs. Ms. Miss Dr. Other _____

Last Name _____ First _____ Middle _____

Maiden Name (If applicable) _____ Sr. Jr. II III

Home Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Place (City, State) _____

Occupation _____ Email Address _____

<input type="checkbox"/> Catholic	<input type="checkbox"/> Other _____	Sacraments Received	Date	Name of Church/City, State
Marital Status		<input type="checkbox"/> Baptism	_____	_____
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Reconciliation	_____
<input type="checkbox"/> Divorced	<input type="checkbox"/> Catholic Marriage	<input type="checkbox"/> Civil Marriage	<input type="checkbox"/> Communion	_____
<input type="checkbox"/> Annulled	<input type="checkbox"/> Civil Marriage	<input type="checkbox"/> Confirmation	_____	_____

CHILD ONE

Last Name _____ First _____ Middle _____

Suffix Sr. Jr. II III Gender Male Female

Relationship to Head of Household Child Stepchild Other _____

Grade: _____ School _____

Date of Birth _____ Place (City, State) _____

Catholic Other _____

Sacraments Received	Date	Name of Church/City, State
<input type="radio"/> Baptism	_____	_____
<input type="radio"/> Reconciliation	_____	_____
<input type="radio"/> Communion	_____	_____
<input type="radio"/> Confirmation	_____	_____

CHILD TWO

Last Name _____ First _____ Middle _____

Suffix Sr. Jr. II III Gender Male Female

Relationship to Head of Household Child Stepchild Other _____

Grade: _____ School _____

Date of Birth _____ Place (City, State) _____

Catholic Other _____

Sacraments Received	Date	Name of Church/City, State
<input type="radio"/> Baptism	_____	_____
<input type="radio"/> Reconciliation	_____	_____
<input type="radio"/> Communion	_____	_____
<input type="radio"/> Confirmation	_____	_____

CHILD THREE

Last Name _____ First _____ Middle _____

Suffix Sr. Jr. II III Gender Male Female

Relationship to Head of Household Child Stepchild Other _____

Grade: _____ School _____

Date of Birth _____ Place (City, State) _____

Catholic Other _____

Sacraments Received	Date	Name of Church/City, State
<input type="radio"/> Baptism	_____	_____
<input type="radio"/> Reconciliation	_____	_____
<input type="radio"/> Communion	_____	_____
<input type="radio"/> Confirmation	_____	_____