

Today's Date: \_\_\_\_\_

(For office use Only) ENVELOPE # \_\_\_\_\_



# St. Wenceslaus Catholic Church Registration

505 3<sup>rd</sup> 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"/> 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"/> 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	_____	_____