

*Church of St Wenceslaus  
215 Main Street East  
New Prague, MN 56071  
www.saintwenceslaus.org*

HOUSEHOLD MAILING NAME: \_\_\_\_\_  
(As you would like it to appear on church mailings, envelopes, etc..Example: John & Jane Doe)

HOUSEHOLD STREET ADDRESS &/or APT \_\_\_\_\_

HOUSEHOLD E-MAIL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ HOMEPHONE #: \_\_\_\_\_  
Please Circle (Unlisted) Yes or No

Is this residence a retirement home: Yes or No If "Yes" please name: \_\_\_\_\_

DO YOU HAVE AN ALTERNATE MAILING ADDRESS (maybe for winter months)? Yes or No

ALTERNATE MAILING ADDRESS: \_\_\_\_\_

EFFECTIVE DATES FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Permission to release phone number to other parishioners related to church matters? Yes No

Does your immediate family have any students attending St. Wenceslaus School? Yes No

Does your immediate family have any students participating in Faith Formation Programs? Yes No

How long have you lived in New Prague? Less than 3 yrs 3 to 5 years 5 to 10 years 10 to 20 years 20 + years All my life

What form of Sunday Offering (tithing) do you prefer? Electronic Transfer or Envelopes? (circle one)

Do you have talents/skills that you would be willing to offer if a need arose? (Ex: carpentry, gardening, flower arranging, plumbing etc...)  
Please List:

\_\_\_\_\_

**PLEASE CONTACT THE CHURCH IF ANY INFORMATION CHANGES.**

1 <sup>st</sup> Adult Last Name:		2 <sup>nd</sup> Adult Last Name:	
First Name:		First Name:	Maiden Name:
Date of Birth:		Date of Birth:	
Occupation:		Occupation:	
Work #:		Work #:	
Religion:		Religion:	
May we include your information in future parish directories?	Yes No	May we include your information in future parish directories?	Yes No
Do you wish to be included as a member of our parish?	Yes No	Do you wish to be included as a member of our parish?	Yes No
Baptized:	Yes No	Baptized:	Yes No
Confirmed	Yes No	Confirmed	Yes No
St. Wenceslaus School Alumnus?	Yes No	St. Wenceslaus School Alumnus?	Yes No
If you are an alumnus, what year did you graduate?		If you are an alumnus, what year did you graduate?	

**Marital Status:**

1 <sup>st</sup> Adult		2 <sup>nd</sup> Adult	
Marital Status:	Single Married Widowed Separated Divorced	Marital Status:	Single Married Widowed Separated Divorced
If married, please indicate who officiated:	Catholic Priest/Deacon	Minister	Civil Authority
Date of Marriage:	Church:	City/State:	

**Other Persons Living In Your Household ( children or adults)**

Name/First and Last	DOB	Sex	Sacraments (Circle all Received)	Grade in School	Relationship to Adults (See Key Below)
	/ /		Baptism Communion Reconciliation Confirmation		
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	/ /		Baptism Communion Reconciliation Confirmation		

**Key:** D = Daughter, S = Son, GD = Granddaughter, GS = Grandson, M = Mother, F = Father, O = Other

***“...and the gifts we have, we are given to share...”***

Please circle the areas that you are currently involved in or would like more information about?

<b>Liturgical Life</b>	<b>Educational Life</b>	<b>Community Life</b>	<b>Parish Programs</b>	<b>Administration</b>
Lector	Home and School Board	Prayer Chain	Knights of Columbus	Maintenance Board
Eucharistic Minister	School Advisory Board	Prayer Group	Council of Catholic Women	Finance Board
Altar Server	Faith Formation Board	Home Bound Eucharistic Min	Welcoming Task Force	Stewardship Committee
Music Ministry	Volunteer Catechist Pre K	Support Groups	Be-frienders	Endowment Board
Hand bells, choir, instruments	Volunteer Catechist K-6	Dorothy Day Soup Kitchens	Prime Timers	Parish Council
Sacristan	Volunteer Catechist 7-8	Festival Team	MOMS Group	Cemetery Board
Ushering	Volunteer Catechist 9-12		Hospitality Team	

**Office Use Only:**

Date Registered: ___/___/___	By: _____	Env. Comp: ___/___/___	By: _____	Crch B: _____	Chgs 2 Schl: _____
Cg Wdws: ___/___/___	By: _____	Ltr: ___/___/___	By: _____	Bnk: _____	
W/Givn: ___/___/___	By: _____	Follow Up: ___/___/___	By: _____	Frwrd prpr prsn: _____	