

CHURCH OF ST MICHAEL— REGISTRATION FORM

611 South Third Street, Stillwater, MN 55082

651-439-4400

www.stmichaelststillwater.org

Welcome to the Church of St. Michael. So that we may serve you better, please print this form as clearly and completely as possible.

For Office Use Only: Registration Date:

Envelope #

Parishsoft ____

Family Last Name

Phone #:

Unlisted number ? Yes/No

Address (include City, State and zip code)

Winter Address, if applicable

FAMILY MEMBERS:

Please include ONLY those living at home and those in college. First & middle names, & last name, **if different**.
Full completion of this form as accurately as possible enables us to better serve you & our parish community.

First & Middle Names (Enter last name, if different)	Relationship in Household	Religion	Gender M/F	Date of Birth	Sacraments Received (please check)		
					Baptism	Eucharist	Confirmation

Marital Status:

Date & place of Marriage, If applicable

Email Address

SPECIAL NEEDS: Please let us know if your family has any special needs (Please use the back, if necessary).

TALENTS: We welcome you to our Parish community and would like to know if you have any talents that you would be willing to share with us, such as liturgical ministries, medical training, computer and office skills, carpentry skills or a love of gardening etc.

OFFERTORY CONTRIBUTIONS: You will automatically receive offertory envelopes. Would you like information on making your offertory contributions using St. Michael's Electronic Funds Transfer program? YES or NO

Image Release Permission: We ask your consent for the possible use of your family's images in publications which may be produced by St. Michael's. Examples could include, but are not limited to, our website & church bulletin. Please be aware that images will not be identified by name unless you are contacted for your verbal consent.
_____ I will **not** allow the use our image in publications from St. Michael's Parish.