



*The Church of the Guardian Angels*  
**New Parishioner Registration**

215 West Second Street, Chaska, MN 55318 (952) 227-4000 [www.gachaska.org](http://www.gachaska.org)

**\*\* Please drop in an envelope in the collection basket, e-mail to [info@gachaska.org](mailto:info@gachaska.org), or mail to:  
The Church of the Guardian Angels, 215 West 2<sup>nd</sup> Street, Chaska, MN 55318.**

**General Information**

Date of registration: \_\_\_\_\_

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How Did You Find Out About Us? \_\_\_\_\_

Do you want to use: Envelopes \_\_\_\_\_ or Electronic Giving \_\_\_\_\_

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**Head of Household**

Preferred Title: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Religion/Denomination: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

First Communion: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation: Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Annulled \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Married by: Priest or Deacon \_\_\_\_\_ Other Minister \_\_\_\_\_ Civil Magistrate \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work E-mail address: \_\_\_\_\_

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

**Spouse**

Preferred Title: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

Religion/Denomination: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

First Communion: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation: Yes \_\_\_\_\_ No \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Annulled \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Married by: Priest or Deacon \_\_\_\_\_ Other Minister \_\_\_\_\_ Civil Magistrate \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work E-mail address: \_\_\_\_\_

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

### **Dependent Child**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date: \_\_\_\_\_

Special Needs? Please Explain: \_\_\_\_\_

Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ First Communion: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation: Yes \_\_\_\_\_ No \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

### **Dependent Child**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date: \_\_\_\_\_

Special Needs? Please Explain: \_\_\_\_\_

Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ First Communion: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation: Yes \_\_\_\_\_ No \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

### **Dependent Child**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date: \_\_\_\_\_

Special Needs? Please Explain: \_\_\_\_\_

Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_ First Communion: Yes \_\_\_\_\_ No \_\_\_\_\_ Confirmation: Yes \_\_\_\_\_ No \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City/State: \_\_\_\_\_

\*\*\*Please feel free to make additional copies of this sheet as needed.