

St. Bronislava Parish

REGISTRATION FORM

3200 Plover Road, P.O. Box 158, Plover, WI 54467-0158
Parish Office: 715-344-4326
FAX: 715-344-6121 Religious Ed: 715-341-6700

Last Name: _____

First Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code: _____ Home Phone: _____

Family Email: _____

Transferring from : _____
Parish Name and City

Your name, address and phone number will be published in our Church Directories.
Please check box(es) if you prefer not to have this information published.

- Do not publish my phone number.
- Do not publish my address.
- Do not publish my name.

- Office Use -

Date Received _____

Packet Received _____

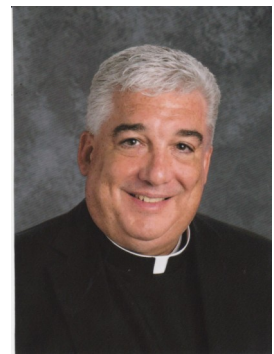
Envelope # _____

Date Entered: _____

DAA Updated _____



**Blessed Bronislava
Memorial**



**Fr. Ed Shuttleworth,
Pastor**

Welcome to St. Bronislava Catholic Church

1 - ADULT MEMBER

First Name

Middle

Last Name

Maiden Name

Nickname: _____ Birth date : ___/___/___ City/State of Birth: _____

First Language English Other _____ Married Adult Married & children at home Divorced Remarried Single Adult Widow / Widower Divorced & children at home RetiredGender: Male FemaleRole: Husband Wife Head of Household Other _____Religion: _____ Active Inactive No Religious AffiliationAttendance: Weekly Monthly Occasionally Seldom Does Not Attend

Cell Phone _____ Email _____

Occupation: _____ Employer: _____ Work Phone: _____

If Retired from Where: _____

Education: Elementary High School College Technical School

List Degree/Major: _____

School Attended(ing): _____ High School Graduation Year _____

Sacraments Received: Baptism (Church, City/State/Date) _____ / / Baptized Catholic Other _____ Reconciliation (Church, City/State/Date) _____ / / Communion (Church, City/State/Date) _____ / / Confirmation (Church, City/State/Date) _____ / / Marriage (Church, City/State/Date) _____ / /Married by priest? Yes No Marriage Date: ___/___/___ Where: _____

Parish / City / State

If Divorced, have you received an annulment? Yes No Date: ___/___/___ Ex-Spouse Name _____**2 - ADULT MEMBER**

First Name

Middle

Last Name

Maiden Name

Nickname: _____ Birth date : ___/___/___ City/State of Birth: _____

First Language English Other _____ Married Adult Married & children at home Divorced Remarried Single Adult Widow / Widower Divorced & children at home RetiredGender: Male FemaleRole: Husband Wife Head of Household Other _____Religion: _____ Active Inactive No Religious AffiliationAttendance: Weekly Monthly Occasionally Seldom Does Not Attend

Cell Phone _____ Email _____

Occupation: _____ Employer: _____ Work Phone: _____

If Retired from Where: _____

Education: Elementary High School College Technical School

List Degree/Major: _____

School Attended(ing): _____ High School Graduation Year _____

Sacraments Received: Baptism (Church, City/State/Date) _____ / / Baptized Catholic Other _____ Reconciliation (Church, City/State/Date) _____ / / Communion (Church, City/State/Date) _____ / / Confirmation (Church, City/State/Date) _____ / / Marriage (Church, City/State/Date) _____ / /Married by priest? Yes No Marriage Date: ___/___/___ Where: _____

Parish / City / State

If Divorced, have you received an annulment? Yes No Date: ___/___/___ Ex-Spouse Name _____



Mission Statement

As disciples of Jesus Christ, under the guidance of the Holy spirit, Scripture and the Roman Catholic Church, we, the community of St. Bronislava Parish, celebrate the Sacraments, worship, education, evangelize and serve the needs of others.