

Parish Registration

St. Wenceslaus Catholic Church ~ 256 N. Linden, Wahoo, NE 68066 ~ 402-443-4235
Pastor: Fr. Jeffrey Eickhoff / Associate Pastor: Fr. Robert Johnson / In Residence: Fr. Steve Mills

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Today's Date

Former Catholic Parish

City/State

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Last Name

Male Head of Household

Female Head of Household

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Title to be used on the outside of the envelope, example: Mr. Mrs. John Jones or Ms. Mary Jones family

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How do you want us to begin a letter to your family, example: Dear John, Mary family or Dear John Mary

Marital Status: Please check the box that applies to your family.

- ☐ Single, never married
☐ Single, widowed
☐ Divorced
☐ Separated
☐ Married

Date of Marriage

--

Is current marriage
recognized as valid by the
Catholic Church?

- ☐ Yes
☐ No
☐ Unsure

--

Street Address

--

City/State/Zip

--

Home Telephone

--

Envelope Number

Is home telephone #
unlisted?

- ☐ Yes ☐ No

Is home address to be un-
listed in parish directory?

- ☐ Yes ☐ No

\$ /Month

Stewardship Pledge

Stewardship Pledge Per Month: If you haven't tried dedicating 5% of your income to Stewardship, may we suggest a monthly dollar amount that represents at least 3% of the family income.

Male Head of Family

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Legal First Name

Nickname

Middle Name/Initial

Last Name

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Birthdate

City/State of Birth

Death Date (if deceased)

Religion Active () Yes () No

--	--	--

Grade School

High School

High School Year of Graduation

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Occupation

Employer

Address

--	--	--

Work Telephone

Mobile Phone

Email

Please check if these sacraments have been received: ☐ Baptism ☐ Eucharist ☐ Confirmation

Female Head of Family

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Legal First Name

Middle Name/Initial

Maiden Name/ Last Name

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Birthdate

City/State of Birth

Death Date (if deceased)

Religion Active () Yes () No

--	--	--

Grade School

High School

High School Year of Graduation

--	--	--

Occupation

Employer

Address

--	--	--

Work Telephone

Mobile Phone

Email

Please check if these sacraments have been received: ☐ Baptism ☐ Eucharist ☐ Confirmation

Thank you for registering in our parish. We are happy to have you as part of our Parish Family. If there is anything that we can do for you, or if there is anything special we need to be aware of to serve you better, please let us know.

First Child

Legal First Name	Nickname	Middle Name/Initial	Last Name
Individual Status: <input type="checkbox"/> Single, high school senior or younger <input type="checkbox"/> Single, working/college, living at home <input type="checkbox"/> Single, no longer living at home <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Deceased: Died: ____/____-____	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Please check if these sacraments have been received: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation </div>
	Birthdate	City/State of Birth	
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	Religion	Active () Yes () No	
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
High School Year of Graduation	Grade School	High School	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

Comment, note or skill to share with Parish Family

Second Child

Legal First Name	Nickname	Middle Name/Initial	Last Name
Individual Status: <input type="checkbox"/> Single, high school senior or younger <input type="checkbox"/> Single, working/college, living at home <input type="checkbox"/> Single, no longer living at home <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Deceased: Died: ____/____-____	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Please check if these sacraments have been received: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation </div>
	Birthdate	City/State of Birth	
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	Religion	Active () Yes () No	
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
High School Year of Graduation	Grade School	High School	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

Comment, note or skill to share with Parish Family

Third Child

Legal First Name	Nickname	Middle Name/Initial	Last Name
Individual Status: <input type="checkbox"/> Single, high school senior or younger <input type="checkbox"/> Single, working/college, living at home <input type="checkbox"/> Single, no longer living at home <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Deceased: Died: ____/____-____	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Please check if these sacraments have been received: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation </div>
	Birthdate	City/State of Birth	
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	Religion	Active () Yes () No	
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
High School Year of Graduation	Grade School	High School	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

Comment, note or skill to share with Parish Family

Fourth Child

Legal First Name	Nickname	Middle Name/Initial	Last Name
Individual Status: <input type="checkbox"/> Single, high school senior or younger <input type="checkbox"/> Single, working/college, living at home <input type="checkbox"/> Single, no longer living at home <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Deceased: Died: ____/____-____	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Please check if these sacraments have been received: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation </div>
	Birthdate	City/State of Birth	
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	Religion	Active () Yes () No	
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
High School Year of Graduation	Grade School	High School	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

Comment, note or skill to share with Parish Family

Fifth Child

Legal First Name	Nickname	Middle Name/Initial	Last Name
Individual Status: <input type="checkbox"/> Single, high school senior or younger <input type="checkbox"/> Single, working/college, living at home <input type="checkbox"/> Single, no longer living at home <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Deceased: Died: ____/____-____	<input type="text"/> Birthdate	<input type="text"/> City/State of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Please check if these sacraments have been received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
<input type="text"/> High School Year of Graduation	<input type="text"/> Grade School	<input type="text"/> High School	
<input type="text"/> Comment, note or skill to share with Parish Family			

Sixth Child

Legal First Name	Nickname	Middle Name/Initial	Last Name
Individual Status: <input type="checkbox"/> Single, high school senior or younger <input type="checkbox"/> Single, working/college, living at home <input type="checkbox"/> Single, no longer living at home <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Deceased: Died: ____/____-____	<input type="text"/> Birthdate	<input type="text"/> City/State of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Please check if these sacraments have been received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
<input type="text"/> High School Year of Graduation	<input type="text"/> Grade School	<input type="text"/> High School	
<input type="text"/> Comment, note or skill to share with Parish Family			

Seventh Child

Legal First Name	Nickname	Middle Name/Initial	Last Name
Individual Status: <input type="checkbox"/> Single, high school senior or younger <input type="checkbox"/> Single, working/college, living at home <input type="checkbox"/> Single, no longer living at home <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Deceased: Died: ____/____-____	<input type="text"/> Birthdate	<input type="text"/> City/State of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Please check if these sacraments have been received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
<input type="text"/> High School Year of Graduation	<input type="text"/> Grade School	<input type="text"/> High School	
<input type="text"/> Comment, note or skill to share with Parish Family			

Eighth Child

Legal First Name	Nickname	Middle Name/Initial	Last Name
Individual Status: <input type="checkbox"/> Single, high school senior or younger <input type="checkbox"/> Single, working/college, living at home <input type="checkbox"/> Single, no longer living at home <input type="checkbox"/> Married to: _____ <input type="checkbox"/> Deceased: Died: ____/____-____	<input type="text"/> Birthdate	<input type="text"/> City/State of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Please check if these sacraments have been received: <input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Confirmation
<input type="text"/> High School Year of Graduation	<input type="text"/> Grade School	<input type="text"/> High School	
<input type="text"/> Comment, note or skill to share with Parish Family			