



**GUARDIAN ANGELS CATHOLIC CHURCH
MEMBER & ASSOCIATE MEMBER PARISH REGISTRATION**

Welcome! If you would like to become a registered member or an associate member (with primary membership elsewhere) or are just updating your information, please complete as much information as possible, and e-mail or mail this back to us or simply drop it in the collection plate at Mass.

Family Name _____

Address _____

City _____ Zip Code _____

Adult Disciple's E-Mail Addresses:

(Gives permission to copy you on parish-wide communication)

Home Phone _____

See other side for complete household information

We Are/I am (please check all that apply):

- New to Guardian Angels.
- Currently registered and updating information.
- A member elsewhere and would like to join as an associate.
- Leaving G.A. Please remove my/our household from registry.
- Have not been active in the Catholic Church for awhile and am returning.
- Not Catholic and would like to know more about the Catholic Faith.

Please Contact us about the following Sacraments

- Baptism for Child Baptism for Adult
- First Eucharist for Child First Eucharist for Adult
- Confirmation For Teens Confirmation For Adults
- Marriage
- Please send me information about Little Angels Pre-School.
- Please send me information about Guardian Angels K—8th Grade School.

Head Of Household Information

Last Name _____ First Name _____ Male Female

Religion _____ Date of Birth _____

Occupation _____ Business Phone _____

Cell Phone _____

Email Address: _____

Baptized: ___ Yes ___ No Confirmed: ___ Yes ___ No

Marital Status Single Married (Date of Marriage) _____

Divorced Widowed

Ministry/Apostolate Experience: _____

Spouse Information

Last Name _____ First Name _____ Male Female

Religion _____ Date of Birth _____

Occupation _____ Business Phone _____

Cell Phone _____

Email Address: _____

Baptized: ___ Yes ___ No Confirmed: ___ Yes ___ No

Ministry/Apostolate Experience: _____

Child #1

Last Name _____ First Name _____

Male Female

Religion _____

Date of Birth _____

Baptized: ___ Yes ___ No

1st Communion: ___ Yes ___ No

Confirmed: ___ Yes ___ No

Child #2

Last Name _____ First Name _____

Male Female

Religion _____

Date of Birth _____

Baptized: ___ Yes ___ No

1st Communion: ___ Yes ___ No

Confirmed: ___ Yes ___ No

Child #3

Last Name _____ First Name _____

Male Female

Religion _____

Date of Birth _____

Baptized: ___ Yes ___ No

1st Communion: ___ Yes ___ No

Confirmed: ___ Yes ___ No

Child #4

Last Name _____ First Name _____

Male Female

Religion _____

Date of Birth _____

Baptized: ___ Yes ___ No

1st Communion: ___ Yes ___ No

Confirmed: ___ Yes ___ No

PLEASE FEEL FREE TO MAKE COPIES OF THIS FORM FOR ADDITIONAL CHILDREN

Electronic Giving Authorization

Guardian Angels Church
215 West 2nd Street
Chaska, MN 55318
(952) 227-4000



Electronic Giving works just like the automatic bill paying that you may be using to pay your electric or gas bill or other recurring payments authorized for debiting from your checking or savings account, or charged to your credit card. It is safer and more convenient than writing checks. It also saves Guardian Angels time and money! It is a win-win solution for all!

This is:

A NEW authorization
start date: _____

A Change to my current authorization
start date: _____

Giving Instructions:

| | Frequency of Contribution | Amount per time period |
|--------------------------|---------------------------|------------------------|
| <input type="checkbox"/> | Once per week | \$_____ per week |
| <input type="checkbox"/> | Once per month | \$_____ per month |
| <input type="checkbox"/> | Once per quarter | \$_____ per quarter |

Please Check One

Funding Source:

Please take my contribution directly from the account specified below:

Checking Account If selecting Checking or Savings, please attach a voided check or savings deposit slip and complete the following information:

Savings Account Routing Number # _____ Account # _____
Note: Routing Number starts with 0, 1, 2, or 3 and is 9 digits long and is located along the bottom of your check.

Credit Card Credit Card Type: Visa/Mastercard American Express

Credit Card Number _____

Credit Card Expiration Date: _____

I authorize Guardian Angels and the financial institution Guardian Angels designates to process debit entries to my account. I have attached a voided check or savings deposit slip (if specifying a checking or savings account). This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized Signature on my account _____ Date: _____

Please place this form in an envelope marked "Parish Office" and return to the Parish Office, place it in the collection basket at Mass or, for credit card giving, you may FAX the form to the Parish Office at (952) 227-4051. Thank You!