



NATIVITY OF OUR LORD
CATHOLIC CHURCH

Parishioner Information Form

(#1) Adult in Household

Mr/Mrs/Ms/Miss

[Please circle]	First Name	Middle Name	Last Name				
Address	City	State	Zip				
Preferred Telephone	cell	home	work	Additional Telephone	cell	home	work
Occupation/ Employer	Preferred Email Address						
Date of Birth	Religion						

Sacramental History

Baptism

Date	Parish	City/ State
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Eucharist

Date	Parish	City/ State
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Confirmation

Date	Parish	City/ State
------	--------	-------------

Marriage

Date	Parish	City/ State
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(#2) Adult in Household

Mr/Mrs/Ms/Miss

[Please circle]	First Name	Middle Name	Last Name				
Address	City	State	Zip				
Preferred Telephone	cell	home	work	Additional Telephone	cell	home	work
Occupation/ Employer	Preferred Email Address						
Date of Birth	Religion						

Sacramental History

Baptism

Date	Parish	City/ State
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Eucharist

Date	Parish	City/ State
------	--------	-------------

Confirmation

Date	Parish	City/ State
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Marriage

Date	Parish	City/ State
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Please complete & return to: info@nativity-mn.org or Parish Office, 1900 Wellesley Avenue, St. Paul, MN 55105

Names and Sacramental Information for Children Living in Household

First Name	Middle Name	Last Name	Date of Birth
Sacramental History			
Baptism	Date	Parish	City/ State
Eucharist	Date	Parish	City/ State
Confirmation	Date	Parish	City/ State

First Name	Middle Name	Last Name	Date of Birth
Sacramental History			
Baptism	Date	Parish	City/ State
Eucharist	Date	Parish	City/ State
Confirmation	Date	Parish	City/ State

First Name	Middle Name	Last Name	Date of Birth
Sacramental History			
Baptism	Date	Parish	City/ State
Eucharist	Date	Parish	City/ State
Confirmation	Date	Parish	City/ State

First Name	Middle Name	Last Name	Date of Birth
Sacramental History			
Baptism	Date	Parish	City/ State
Eucharist	Date	Parish	City/ State
Confirmation	Date	Parish	City/ State

First Name	Middle Name	Last Name	Date of Birth
Sacramental History			
Baptism	Date	Parish	City/ State
Eucharist	Date	Parish	City/ State
Confirmation	Date	Parish	City/ State

Please complete & return to: info@nativity-mn.org or Parish Office, 1900 Wellesley Avenue, St. Paul, MN 55105

Nativity of Our Lord Parish

Interest Survey

(#1) Adult in Household

(#2) Adult in Household

Please indicate below your interest in the programs and ministry offerings of Nativity Parish. If there is more than one adult in your household, please list both names above and fill in the corresponding circles below - #1 or #2.

A. Liturgy & Spiritual Life

- | #1 | #2 | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. Altar Server (Gr. 7 – 12) _____ |
| <input type="radio"/> | <input type="radio"/> | 2. Greeter |
| <input type="radio"/> | <input type="radio"/> | 3. Lector |
| <input type="radio"/> | <input type="radio"/> | 4. Eucharistic Minister |
| <input type="radio"/> | <input type="radio"/> | 5. Music Ministry |
| <input type="radio"/> | <input type="radio"/> | • Adult Choir |
| <input type="radio"/> | <input type="radio"/> | • Children's Choir |
| <input type="radio"/> | <input type="radio"/> | • Musician |
| <input type="radio"/> | <input type="radio"/> | 6. Prayer Line |
| <input type="radio"/> | <input type="radio"/> | 7. Perpetual Adoration – <i>Please check the <u>Sunday bulletin</u> for available hours and contact information.</i> |
| <input type="radio"/> | <input type="radio"/> | <i><u>Please check here to give permission for these ministries to contact you via email.</u></i> |

B. Faith Formation *

- | #1 | #2 | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Faith Formation Teacher (Wednesday Evening) |
| <input type="radio"/> | <input type="radio"/> | 2. Sunday School Program (During 9:30 Sunday Mass) |
| <input type="radio"/> | <input type="radio"/> | 3. Liturgy of the Word for Children (During 9:30 Sunday Mass) |
| <input type="radio"/> | <input type="radio"/> | 4. Adult Education |
| <input type="radio"/> | <input type="radio"/> | 5. RCIA Sponsor |
| <input type="radio"/> | <input type="radio"/> | <i><u>Please check here to give permission for these ministries to contact you via email.</u></i> |

C. Pastoral Care *

- | #1 | #2 | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Home or Nursing Home Visitor |
| <input type="radio"/> | <input type="radio"/> | 2. Eucharistic Communion to the Homebound |
| <input type="radio"/> | <input type="radio"/> | <i><u>Please check here to give permission for these ministries to contact you via email.</u></i> |

* Volunteer Background Check, Interview & Virtus Training will be required in these ministries.

D. Community Life

- | #1 | #2 | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Nativity Men's Club |
| <input type="radio"/> | <input type="radio"/> | 2. Nativity Council of Catholic Women |
| <input type="radio"/> | <input type="radio"/> | • Respect Life Committee |
| <input type="radio"/> | <input type="radio"/> | 3. Nativity County Fair |
| <input type="radio"/> | <input type="radio"/> | <i><u>Please check here to give permission for these ministries to contact you via email.</u></i> |

E. Outreach Ministries *

- | #1 | #2 | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Keystone March Food Campaign & Delivery Drivers |
| <input type="radio"/> | <input type="radio"/> | <i><u>Please check here to give permission for these ministries to contact you via email.</u></i> |

F. Administrative & Marketing Support

- | #1 | #2 | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Mailings |
| <input type="radio"/> | <input type="radio"/> | 2. Bulletin Preparation |
| <input type="radio"/> | <input type="radio"/> | 3. Marketing & Communications |
| <input type="radio"/> | <input type="radio"/> | 4. Writing & Editing |
| <input type="radio"/> | <input type="radio"/> | 5. Graphic design & layout |
| <input type="radio"/> | <input type="radio"/> | 6. Printing Services |
| <input type="radio"/> | <input type="radio"/> | <i><u>Please check here to give permission for these ministries to contact you via email.</u></i> |

G. In-Kind Donation Opportunities

- | #1 | #2 | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Printing |
| <input type="radio"/> | <input type="radio"/> | 2. Editorial Assistance |
| <input type="radio"/> | <input type="radio"/> | 3. Photography |
| <input type="radio"/> | <input type="radio"/> | 4. Painting |
| <input type="radio"/> | <input type="radio"/> | 5. Gardening |
| <input type="radio"/> | <input type="radio"/> | 6. Technology Consulting |
| <input type="radio"/> | <input type="radio"/> | <i><u>Please check here to give permission for these ministries to contact you via email.</u></i> |

I. Special Skills/ Interests



Name _____
Giver's Code: _____
Cell/ Main Phone _____
Email _____

2018 PARISH STEWARDSHIP COMMITMENT FORM

I/We will financially support the ministries and services of the parish.

I/We will give: \$ _____

- Weekly Monthly Quarterly Annually

For a total of \$ _____ for 2018.

OPTION #1

- I would like to give by cash or check.
[By choosing this option, you will receive weekly envelopes].

OPTION #2

- I would like to pledge electronically 1st of the Month 15th of the Month Quarterly

*I authorize **Nativity of Our Lord Catholic Church**, 1900 Wellesley Avenue in Saint Paul, MN to automatically withdraw my pledge amount. I included a voided check to provide necessary routing information. This authority remains in effect until I notify **Nativity of Our Lord Catholic Church** in writing to cancel, at least one week prior to the next withdrawal date, or by notifying my financial institution three days before my account is charged.*

- I am attaching a voided check.

OPTION #3

- I would like to pledge with my credit card (Please include signature authorization below).

- 1st of the Month 15th of the Month Quarterly

- My credit card information is:

Visa MasterCard Number _____

Expiration Date _____ Three Digit CSV Code (back of card) _____

Signature _____ Date _____

- I would like more information about remembering my parish in my estate planning.
Questions? Contact B.J. Kranz, Development & Communications Director, at (651) 696-5441,
or bkranz@nativity-mn.org