

Basilica of St. Stanislaus Kostka

625 East Fourth
Winona, MN 55987
452-5430

WELCOME to St. Stanislaus Kostka Parish! All of us in the parish community are delighted that you have chosen our parish. We are very proud of our parish's rich history and tradition as well as its current programs, and we welcome all who want to be part of our faith community.

Enclosed is the official registration form. Please complete and return it by bringing it to the office giving you're the opportunity to meet the staff or mail the form to the parish office or place in the weekend collection. You will receive support envelopes by mail bi-monthly. Your stewardship in support of the parish is greatly appreciated.

With the registration form you will find attached a sheet that describes the ministries and activities of the parish. We hope that you will choose to be involved in ministry roles or helping with parish activities like the Fall Festival thus sharing your time and talent with our parish community. Please note which ones interest you on the back of the census form. Training will be provided. If you have any questions, please call the parish office.

Further information about the parish may be found on our web-site:

<https://www.basilicawinona.org>

Again welcome to St. Stanislaus Kostka. Please introduce yourself to me whenever you have the opportunity or, if you wish, I would be happy to visit with you and your family in your home. Just call the parish office and we can arrange a day and time.

Sincerely,

Very Rev. Patrick Arens,
Rector

BASILICA OF ST. STANISLAUS KOSTKA

Winona, MN 55987

Id/Env No.

Family Name _____ Address _____

Family Telephone No. _____ Email Contact: _____ Date _____

Your Name _____ Spouse's Name _____
First Middle Last First Middle Last

Your Phone No. _____ Email: _____ Spouse's Phone No. _____ Email: _____

Maiden Name _____

Date of Birth _____ Date of Birth _____

Religion _____ Religion _____

Education _____ Education _____

Occupation _____ Occupation _____

Martial Status _____ Marriage Date _____ Location _____

By Priest _____ By Minister _____ By Civil Authority _____

Children at home (18 years of age or younger)

Full Name	Gender	Birthdate	Baptism date/place	1st Communion date/place	Confirmation date/place	School & Grade

Family members beyond high school age who are living at home or away at college:

Full Name	Birthdate	Occupation	College

Are there any homebound persons at this address who would appreciate home visits or would like to receive Holy Communion on the 1st Friday of each month?

Liturgies & Sacraments:

Masses for Weekend: 4 PM on Saturday, 8 AM & 10 AM on Sunday
Holydays: Check bulletin for times.

Sacrament of Confession: Each Saturday from 3:15-3:45PM
at St. Stanislaus

Infant Baptism: Contact the priest to schedule preparation one to two months prior to the birth of your child. Parent(s) must be registered in the Parish.

Marriages: Engaged couples who anticipate marriage must contact the priest at least 6 months prior to their intended date of marriage to begin preparations. At least one of the couple should be a registered member of the parish.

Anointing of the Sick: A Priest will bring the Sacrament of the Sick to homes, nursing homes, and hospital upon notification of illness or impending surgery.

Parish Contacts:

Pastor, Very Rev. Patrick Arens 452-5430
Deacon Justin Green 452-5430 jgreen466@live.com

Parish office:
Basilica of St. Stanislaus Kostka
625 E. 4th St.
Winona, MN 55987
(507) 452-5430

Stay up-to-date with the latest news, Mass Times,
and events with our parish website:
www.Basilicawinona.com

In which of the following ministries or organizations are you or members of your family joining?
See attached sheet for description. Thank you.

	Name of Family Member	Name of Family Member
1. Adult Choir	_____	_____
3. Lector Mass Time: _____	_____	_____
5. Altar Server Mass Time: _____	_____	_____
6. Usher Mass Time: _____	_____	_____
8. Martha Group	_____	_____
9. Prayer Line	_____	_____
10. Funeral Lunch Committee	_____	_____
11. Communion to Others	_____	_____
12. Ministry of Care	_____	_____
14. Faith Formation Program	_____	_____
15. Special Faith Events	_____	_____
16. O.C.I.A.	_____	_____
17. Fall Festival	_____	_____
18. Quilters	_____	_____
19. Special Events	_____	_____

The Directors of the ministries that you selected will be in contact with you concerning details for getting started.

Electronic Giving Authorization

We are pleased to be able to offer you *Electronic Giving*. You can have your monthly donation automatically withdrawn from your checking or savings account on the 15th of every month. And you don't have to change your present banking relationship to take advantage of this service.

Electronic Giving will help you in many ways:

- It saves you from having to write a check for your giving donation.
- It eliminates the possibility of lost, stolen or forged checks.
- The money is withdrawn on the 15th of the month, except on holidays..

Here is how *Electronic Giving* works:

On the date your donation is due, we will electronically withdraw the agreed upon amount from your account. The amount of the withdrawal will appear on your bank statement with a description of who withdrew the amount. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

We believe you will like the added convenience of having your donation automatically withdrawn for you. *Electronic Giving* is safe, convenient and easy. You will receive a packet of our Special Envelopes (Holydays, Flowers, Education Assistance, Improvements & Repairs and Diocesan Collections) for your use. To take advantage of this service, complete the authorization section below and return it to the Parish Office.

The authorization section of the form, which is provided below, gives the church and your financial institution authority to debit your donation from your account. In order to take advantage of *Electronic Giving*, simply complete the authorization below. Be assured that your authorization and attachments will be kept confidential and secure.

All you need to do is:

1. Mark the box to indicate whether your monthly donation should be withdrawn from your checking or your savings account.
2. Fill in your financial institution and location.
3. Indicate the monthly amount you want withdrawn from your account.
4. Attach a voided check or deposit slip for verification of all financial institution information.
5. NOTE: Be sure to sign and date the form! Thank you!

AUTHORIZATION—Please fill out and return to St. Stanislaus Kostka Church
625 E. 4th St. Winona, MN 55987

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustment for debit entries in error to my: Checking Account Savings Account

On the 15th day of each month, beginning _____. Monthly Withdrawal Amount \$ _____.
This authorization cannot be revoked without your written request.

Financial Institution

Name (Please Print)

Branch

Account Number at Financial Institution

City

Signature

Date