

HOLY TRINITY CATHOLIC CHURCH

Parish Registration Form

Today's Date _____

Envelope Number _____

Last Name _____
Please Print

First Name _____

Spouse _____

M/M Mr. Mrs. Ms.
Circle One

Mailing Address _____ Apt # _____ City _____ Zip code _____ - _____

Physical Address _____

Home Phone _____

Cell Phone _____ (Name) _____

Cell Phone _____ (Name) _____

E-Mail Address (Primary) _____

E-mail Address _____

Marital Status: ___ Single ___ Married ___ Widowed ___ Separated ___ Divorced [___ Annulled]

If Married: Date of Marriage: ____/____/____ Married in the Catholic Church? Yes / No

Are you interested in any of the following? *Please check all that apply.*

___ Sacristan

___ RCIA (Rite of Christian Initiation Adults)

HT CATHOLIC SCHOOL REGISTERED FAMILIES

___ Adult Lector/ Youth Lector

___ RCIA Sponsor

___ Parent Teacher Association

___ Altar Server

___ Elementary Religious Education

___ Substitute Teacher or Tutoring

___ Church Cleaning/ Altar Linens

___ Catechist, Co-Catechist, Aide

___ Lunch Room or Library Volunteer

___ Adult Usher/ Youth Usher

___ Middle School Religious Ed

___ After School Volunteer (Reading Buddy, Bus Driver)

___ Chancel Choir

___ High School Religious Ed

___ Athletics – Coaches

___ Cantor Choir

___ Adult/ Teen RE Volunteer

___ Track Meet (May)

___ Youth Choir

PRAYER

ORGANIZATIONS

SACRAMENTAL

___ Altar Society

___ Catholic Daughters of America (CDA)

___ Marriage Preparation

___ Eucharistic Adoration

___ Catholic Foresters

___ Confirmation Preparation

___ Rosary Devotion

___ Knights of Columbus

___ First Communion Preparation

___ Adult Enrichment/ Bible Study

___ First Reconciliation Preparation

Please list family members on the back of this form. Return completed form to the Parish office.

Please provide the following information to the best of your knowledge for each member of your household.

| | PRIMARY | SECONDARY | DEPENDENT | DEPENDENT | DEPENDENT | DEPENDENT |
|--|---------|-----------|-----------|-----------|-----------|-----------|
| FIRST NAME | | | | | | |
| MIDDLE NAME | | | | | | |
| MAIDEN NAME, IF APPLICABLE | | | | | | |
| LAST NAME, IF DIFFERENT | | | | | | |
| RELATIONSHIP TO PRIMARY | | | | | | |
| GENDER: MALE/FEMALE | | | | | | |
| RELIGION, IF OTHER THAN CATHOLIC | | | | | | |
| OCCUPATION(ADULTS) SCHOOL & GRADE (CHILDREN) | | | | | | |
| DATE OF BIRTH | | | | | | |
| DISABILITY | | | | | | |

SACRAMENTS - Please answer yes or no to the following

| | PRIMARY | SECONDARY | DEPENDENT | DEPENDENT | DEPENDENT | DEPENDENT |
|------------------------------------|---------|-----------|-----------|-----------|-----------|-----------|
| BAPTISM | | | | | | |
| 1ST COMMUNION | | | | | | |
| CONFIRMATION | | | | | | |
| COMMENTS OR ADDITIONAL INFORMATION | | | | | | |

Please use additional sheets, if needed to list all family members. Return completed form to the Parish office.