

Holy Trinity Parish Registration Form

PLEASE PRINT

Last Name _____ First Name _____ Registration Date _____ Family ID# _____

Please indicate: **SINGLE MARRIED WIDOWED DIVORCED**

Spouse (if applicable) Last Name _____ First Name _____ Maiden Name _____

Street Address _____ City & Zip _____

Home Phone # _____ Husband Cell # _____ Wife Cell # _____

Husband Work # _____ Wife Work # _____ Email Address _____

MEMBER INFORMATION

Please fill in all information as completely as possible

	Adult 1	Adult 2	Child	Child	Child	Child	Other Adults in Home
First Name (last also if different from above)							
Religion							
Business/Occupation							
Grade/High School (for child/ren)							
Male or Female							
Date of Birth							

SACRAMENTS RECEIVED

Please include dates and Church if known, otherwise indicate Yes or No

Baptism							
Eucharist							
Confirmation							
Matrimony Name of Church							