

## HOLY TRINITY PARISH REGISTRATION FORM

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse \_\_\_\_\_ MM \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Unlisted Y N Cell Phone \_\_\_\_\_

Marital Status: Single \_\_\_ Married by Priest \_\_\_ Widow \_\_\_ Separated \_\_\_ Divorced \_\_\_ Divorced & remarried \_\_\_ Cohabiting \_\_\_

Stewardship: Weekly Envelopes \_\_\_ Monthly Envelopes \_\_\_ Email Address(es): \_\_\_\_\_

	HEAD OF HOUSE	SPOUSE	CHILD	CHILD	CHILD	CHILD	OTHER
FIRST NAME & INITIAL							
LAST NAME (IF DIFFERENT) MAIDEN NAME							
SEX M OR F							
DATE OF BIRTH MO/DAY/YR							
MARITAL STATUS							
RELIGION							
SPECIAL NEEDS							
LANGUAGE SPOKEN							
OCCUPATION							
BUSINESS PHONE (AREA CODE & EXTENSION)							
HIGHEST EDUCATION/ DEGREE							
BAPTIZED							
FIRST RECONCILIATION							
FIRST COMMUNION							
CONFIRMATION							
MARRIAGE							
MASS ATTENDANCE WKLY, OCC, SELDOM, NEVER							
EASTER DUTY YES OR NO							
MINISTRIES OR TALENTS							
VOLUNTEER							
SHUT IN							

IF YOU LIVE ELSEWHERE ANY PART OF THE YEAR, PLEASE LIST DATES AWAY AND ALTERNATE ADDRESS TO RECEIVE PARISH MAIL.

DATES AWAY FROM \_\_\_\_\_ TO \_\_\_\_\_ ALTERNATE ADDRESS \_\_\_\_\_