



After completing this form, please return it either by email to registration@trinity.org, or in person or by postal mail to the parish office (address at bottom of form).

New Parishioner Registration Date: _____

H O L Y
T R I N I T Y
C A T H O L I C
C H U R C H
1787 ANNO DOMINI

Household Information <i>(Navigate form by using tab key or click with mouse key)</i>	
Household Last Name:	
What salutation should we use when addressing a letter?	
Address:	
City, State, Zip	
Home Phone: Number:	
Household E-Mail:	
May we list you in the Parish Directory?	May we list your Home Phone Number? May we list your Household E-Mail?
Why do you come to Holy Trinity?	
Can we count on your financial support through the yearly Pledge Program?	
Would you like to volunteer with the parish? Yes I would like to find out more about serving as/with:	
<input type="checkbox"/> Lector <input type="checkbox"/> Eucharistic Minister <input type="checkbox"/> Music Ministry <input type="checkbox"/> Ignatian Spirituality <input type="checkbox"/> Catechist <input type="checkbox"/> RCIA Sponsor <input type="checkbox"/> Social Justice <input type="checkbox"/> Marriage Prep <input type="checkbox"/> Parish Life (Prayer/Meal/Grief) <input type="checkbox"/> Garden/Facilities <input type="checkbox"/> Stewardship <input type="checkbox"/> Holy Trinity School <input type="checkbox"/> Young Adult Community (20s/30s) <input type="checkbox"/> Other	

Adults in the Household

	#1 (Primary Registrant)	#2	#3
Full Name:			
Relation to #1:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: mm/dd/yyyy			
Religion:			
Baptized?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which Liturgy Do You Most Regularly Attend?		Daily	
Marital Status:	Single <input type="checkbox"/> Mar <input type="checkbox"/> Div Sep Wid	Single <input type="checkbox"/> Mar <input type="checkbox"/> Div Sep <input type="checkbox"/> Wid <input type="checkbox"/>	Single <input type="checkbox"/> Mar <input type="checkbox"/> Div Sep <input type="checkbox"/> Wid <input type="checkbox"/>
Individual e-mail:			
Employer:			
Occupation:			
Area of Personal Expertise/Specialty:			
Work Phone No.:			
May we list your Work Phone No.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

3513 N Street NW
Washington, DC
20007
ph 202-337-2840
fx 202-337-9048
www.trinity.org

For information on Children, please continue to next page.....

Children in the Household

	Child #1	Child #2	Child #3	Child #4
Full Name:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: mm/dd/yyyy				
Baptized?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Where?				
Confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Where?				
First Eucharist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Where?				
Name of School Attending:				
School Grade Level:				
Is Child in RE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Child Altar Server	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Involved in Other Parish Activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, which ones?				
e-mail (if they have their own):				
	Child #5	Child #6	Child #7	Child #8
Full Name:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date: mm/dd/yyyy	/ /	/ /	/ /	/ /
Baptized?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Where?				
Confirmed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Where?				
First Eucharist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Where?				
Name of School Attending:				
School Grade Level:				
Is Child in RE?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Child Altar Server	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Involved in Other Parish Activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, which ones?				
e-mail (if they have their own):				