



Holy Trinity Catholic Church

Parish Registration Form

Welcome to Holy Trinity! We invite you and your family to register as members of our parish. By registering, you declare your intention to participate actively and meaningfully in this community by worshiping with us on Sunday as often as possible, by participating in our programs and ministries, and by financially supporting the parish as you are able. By registering, you also enable us to be of greater service to you.

After you complete this form, please mail or fax it to the parish, using the address or number at the bottom of the page, or drop it off with a staff member when you come to church.

Household Information			
Household Last Name:			
Address:			
City, State, ZIP:			
Household Phone Number:		Preferred Salutation:	
In order to contribute to the financial support of the parish, please:	<input type="checkbox"/> mail envelopes for contributions <input type="checkbox"/> send information about how to contribute online		
Adults in the Household <i>if you need to enter information for additional adults, please use the back of the form</i>			
	Adult #1	Adult #2	
Full Name:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date (mm/dd/yyyy):			
Religion:			
Sacraments:	<input type="checkbox"/> Baptized <input type="checkbox"/> Confirmed	<input type="checkbox"/> Baptized <input type="checkbox"/> Confirmed	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Phone:			
Email:			
eLetter:	<input type="checkbox"/> <i>Yes, please subscribe me to the parish eLetter</i>	<input type="checkbox"/> <i>Yes, please subscribe me to the parish eLetter</i>	
Children in the Household <i>if you need to enter information for additional children, please use the back of the form</i>			
	Child #1	Child #2	Child #3
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
Birth Date (mm/dd/yyyy):			
Sacraments:	<input type="checkbox"/> Baptized <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmed	<input type="checkbox"/> Baptized <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmed	<input type="checkbox"/> Baptized <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmed
Grade Level:			
Additional Information <i>if you need additional room, please use the back of the form</i>			
Are there any activities or ministries at Holy Trinity you are interested in and would like to get more information about?		Are there any special pastoral needs or circumstances in your family that we should know about to help us serve you better?	