



PARISH REGISTRATION FORM

Family Last Name _____
 Today's Date _____
 Contributions by:
 Weekly Envelope _____
 ACH Transfers _____
 (Parish Office will contact with further information)

Address _____ City _____ State _____ Zip Code _____
 Home phone (_____) _____ Cell (_____) _____ E-Mail _____
 If new, former parish was _____ City/State _____
 If updating membership—members of Holy Trinity Parish, School Hill since _____
 Current Marital Status (Circle one): Church Marriage Civil Marriage Single Divorced Separated Widowed

REGISTRATION CURRENT INFORMATION

	HUSBAND	WIFE	CHILDREN LIVING AT HOME	CHILD	CHILD	CHILD	CHILD	
First Name								
Last name		Maiden Name						
Religion								
Handicap, circle one	Yes No	Yes No			Yes No	Yes No	Yes No	Yes No
Occupation								
Employer and Location								
			Grade					
			School					
				Male/Female	Male/Female	Male/Female	Male/Female	

REGISTRATION CONTINUED

Please circle the corresponding letter for each sacrament.

Y = Yes

N=No

H=Received at Holy Trinity

U=Unsure if Sacrament was ever received

<u>Sacrament</u> ↓	Husbands Name	Wifes Name	CHILD at home	CHILD at home	CHILD at home	CHILD at home
Baptism	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U
Date (or approx. year)						
Place						
First Reconciliati.	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U
Date (or approx. year)						
Place						
First Eucharist	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U
Date (or approx. year)						
Place						
Confirmation	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U	Y N H U
Date (or approx. year)						
Place						
Marriage Date _____ Church _____ Location _____						
Birth Date						