

Holy Trinity Parish Registration Form

Envelope Number (For office use only)

Date _____

Family Name

Phone Number

Address

listed unlisted

City State Zip Code

e-mail _____

Marital Status

Family Members <i>(list only those living at above address)</i>	Religion	Sacraments Received	Birth Date	Employer/School Position/Grade	Work Phone
1. Head of household		<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation			
Church of Baptism					
2. Spouse <i>(include maiden name)</i>		<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation			
Church of Baptism					
3. Child		<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation			
Church of Baptism					
4. Child		<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation			
Church of Baptism					
5. Child		<input type="checkbox"/> Baptism <input type="checkbox"/> Eucharist <input type="checkbox"/> Penance <input type="checkbox"/> Confirmation			
Church of Baptism					