Please print clearly.

Date:_____

Holy Trinity Parish Registration Form

Website: www.holytrinitywci.org

For Office Use Only

SK _____ WB_____ SE _____
Diocese___ Envelope #_____

Adult One _____
Last Name First Name Preferred Name Middle Name M/F (Maiden Name) Date of Birth Religion Baptized/1st Euch./Confirmed (Circle all that apply.)

Adult Two _____
Last Name First Name Preferred Name Middle Name M/F (Maiden Name) Date of Birth Religion Baptized/1st Euch./Confirmed (Cirlce all that apply.)

Address _____
Street, Apt. Number, City, State and Zip Code

Email _____ Home Phone _____ Adult 1 Cell Phone _____ Adult 2 Cell Phone _____

Marital Status S M D W	Marriage Date

	Level of Education If college grad, area of study.	Occupation	Employer	Work Phone	Other than English, languages spoken.
Adult 1					
Adult 2					

Children–
college & younger

First Name	Middle Name	Last Name	Preferred Name	M/F	Date of Birth	Religion	Baptized Yes or No	1st Eucharist Yes or No	Confirmed Yes or No	School/ College Attending	Grade