

# MOST BLESSED TRINITY

## — REGISTRATION FORM

HEAD of the House (for **mixed religion** marriages, list the Catholic person here):

Name:

First Name

Middle Initial

Last Name

Suffix (Jr./Sr.)

Date of Birth:  Email:  Phone:

Gender:  Title:  Cell Phone:

Mr./Mrs./Miss/Ms./Dr./ Atty.

Employment:  Job Title:

If retired, indicate RETIRED, but list former job title or experience.

Baptized:  Where:  When:

Catholic/Protestant/Eastern Rite/Not Baptized

First Communion:  Yes  No Confirmation:  Yes  No Marital Status:

Married/Single/Separated/Divorced/Widow(er)

Date of Marriage:  Place of Marriage:

Witnessed by Catholic Priest?  Yes  No Or with Dispensation?  Yes  No

If not, are you interested in Convalidation?  Yes  No

### IF MARRIED

Spouse's Name:  Maiden Name:

Date of Birth:  Email:  Work Phone:

Gender:  Title:  Cell Phone:

Mr./Mrs./Miss/Ms./Dr./ Atty.

Employment:  Job Title:

If retired, indicate RETIRED, but list former job title or experience.

Baptized:  Where:  When:

Catholic/Protestant/Eastern Rite/Not Baptized

First Communion:  Yes  No Confirmation:  Yes  No

### PREFERRED MAILING ADDRESS

Name(s):

Street Address:

City, State, Zip:  Home Phone:  Unlisted:  Yes  No

THANK YOU FOR YOUR INFORMATION

Remember, if you should move or leave the parish, please notify the parish office!!

Indicate relationship to Head:  (Enter choice of: Son, Daughter, Brother, Sister, Parent, Other)

Name:

First Name Middle Initial Last Name Suffix (Jr./Sr.)

Gender:  Title:  Adult? Send their own envelopes:  Yes  No  
Mr./Mrs./Miss/Ms./Dr./ Atty.

Baptized:  First Communion:  Yes  No Confirmation:  Yes  No  
Catholic/Protestant/Eastern Rite/Not Baptized

Attend Religious Ed?  Yes  No Would like to become a Catholic (OCIA)?  Yes  No

Date of Birth:  Grade:  Name of School:

If adult: Place of Employment:  Job Title:   
If retired, indicate RETIRED, but list former job title or experience.

Email:  Cell Phone:

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Indicate relationship to Head:  (Enter choice of: Son, Daughter, Brother, Sister, Parent, Other)

Name:

First Name Middle Initial Last Name Suffix (Jr./Sr.)

Gender:  Title:  Adult? Send their own envelopes:  Yes  No  
Mr./Mrs./Miss/Ms./Dr./ Atty.

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If adult: Place of Employment:  Job Title:   
If retired, indicate RETIRED, but list former job title or experience.

Email:  Cell Phone:

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**Bigger Family? Please attach an additional sheet with all information! Thank you!**