

# Blessed Trinity Catholic Church Registration

Please email completed registration to [ksmith@btmuth.org](mailto:ksmith@btmuth.org)

Today's Date \_\_\_\_\_

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/Zip \_\_\_\_\_ Office Use \_\_\_\_\_

ID# PDS OSV Letter Label Date LS

Email Address \_\_\_\_\_

## Member Information:

First Name (Head of Household)	Maiden Name (If applicable)	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Occupation/Employer
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First Name	Maiden Name (If applicable)	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Occupation/Employer
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First Name (Child)	Last Name (If different)	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Grade/School
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First Name (Child)	Last Name (If different)	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Grade/School
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First Name (Child)	Last Name (If different)	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Grade/School
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First Name (Child)	Last Name (If different)	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Grade/School
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Special needs/concerns \_\_\_\_\_

If divorced, has a Decree of Nullity been initiated in the Church Tribunal? \_\_\_\_\_ If yes, was it granted? \_\_\_\_\_ If no, would you like to initiate a case? \_\_\_\_\_

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