Blessed Trinity Catholic Church Registration

Today's Date _____

Family Name _____

Street Address _____

City/Zip _____

Email Address _____

Home Phone _____

Cell Phone _____

Office Use_____

| ID# | PDS | OSV | Letter | Label | Date | LS |

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
First Name	Maiden Name (If applicable)	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Occupation/Employer
First Name (Child)	Last Name (If different))	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Grade/School
First Name (Child)	Last Name (If different))	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Grade/School
First Name (Child)	Last Name (If different))	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Grade/School
First Name (Child)	Last Name (If different))	Gender	Date of Birth	Marital Status	Religion	Sacraments Received (Bap Confirm Euch)	Grade/School

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? _____