Holy Trinity Catholic Church Family Registration

Reg Date:	1 1

505 Fountains Parkway, Fairview Heights, IL 62208 (618) 628-8825

Last Name: First Name(s):			
Mailing Name (ie Mr. & Mrs. John Doe)			
Address:	Add2:		
City:	State: Zip:	-	
AreaCode: Home Phone:	En	nerg. Phone:	
Family Email: Env#			
Current Parish of Registration: Permission to publish Address Phone Email			
	Individual Member Info	rmation	
Parish Status: (Active, Inactive)			
Role: (Head of House, Husband, Wife etc.)			
First Name / Nickname:	(Maiden)	Male / Female (Maiden)	
Gender: Male / Female	(Iviaiden)	Wale / Childre (Mandell)	
DOB (mm/dd/yyyy): / / Email:			
Dinan.			
Work Phone/Cell Phone:	/		
First Language:			
Occupation/Employer:		/	
Sacramental Info: Dates (mm/dd/yyyy): (Single, Married, Separated, Divorced, Annulled) Marital Status: Valid Catholic Marriage? Are there any members of your household who would like to be visited by a priest? Baptized? Catholic? Reconcil? First Eucharist? Confirmed? Reconcil? First Eucharist? Confirmed? Are there any members of your household who would like to be visited by a priest?			
Relationship to Dependent Children Information			
Head of Household First Name / Last Name Gender Birthdate H.S. School & Birthplace Grad Yr First Language			
(Son, Daughter, Mother Father etc.) 1.	M/F	/ /	
Check if Sacrament Received. Add Date if known. Baptism	☐ Catholic? ☐ Eucharist ☐	Reconciliation	
	M/F		
2.			
Check if Sacrament Received. Add Date if known. Baptism	Catholic? Eucharist / / /	Reconciliation Confirmation	
3.	M/F		
Check if Sacrament Received. Add Date if known. Baptism	/ / /	/ / /	
Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.			