

HOLY TRINITY CATHOLIC CHURCH
1200 Alpine Church Road, Comstock Park, MI 49321
PARISH CENSUS/REGISTRATION FORM

(Please Print or Type)

GENERAL OFFICE INFORMATION

Date completed:	Giving options (circle one preference): a) On-Line Giving b) Yearly Envelope Box # _____ Please email onlinegiving@holytrinitycp.org if interested in on-line giving option.				
How did you find us (please check box):					
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Internet	<input type="checkbox"/> Yellow pages	<input type="checkbox"/> Other

FAMILY INFORMATION

Family last name:				
Street:	City:	State:	ZIP Code:	
Home Telephone:				
Previous Church Attended:				
Street:	City:	State:	ZIP Code:	
FULL NAME of family members in the household:	Birth date (mm-dd-yyyy):	Male	Female	
Head:		<input type="checkbox"/> M	<input type="checkbox"/> F	
Spouse:		<input type="checkbox"/> M	<input type="checkbox"/> F	
Child – 1:		<input type="checkbox"/> M	<input type="checkbox"/> F	
Child – 2:		<input type="checkbox"/> M	<input type="checkbox"/> F	
Child – 3:		<input type="checkbox"/> M	<input type="checkbox"/> F	
Child – 4:		<input type="checkbox"/> M	<input type="checkbox"/> F	
Child – 5:		<input type="checkbox"/> M	<input type="checkbox"/> F	
Child – 6:		<input type="checkbox"/> M	<input type="checkbox"/> F	

PLEASE INCLUDE ALL CHILDREN – EVEN THOSE IN COLLEGE – (UNLESS THEY ARE SEPARATELY REGISTERED)

HEAD OF HOUSEHOLD

Cell Phone:		
Maiden Name if applicable:		
Occupation:	Employer:	Phone no.:
Email:		

SPOUSE OF HOUSEHOLD

Cell Phone:		
Maiden Name if applicable:		
Occupation:	Employer:	Phone no.:
Email:		

CHILDREN'S SCHOOL

	School Name:	Grade
Child – 1:		
Child – 2:		
Child – 3:		
Child – 4:		
Child – 5:		
Child – 6:		

If your child(ren) are not enrolled in the Catholic School system, are they enrolled in Religious Formation classes?

Yes No

If No, please explain:

SACRAMENTAL INFORMATION

Marital Status: (Check one) Single Married Widowed Separated Divorce

If married, please note the following: _____

Date of Wedding: _____

City/State: _____

Name of Church: _____ Catholic Ceremony Yes No

If No, has your marriage been convalidated? Yes No

Would you like more information on Convalidation? Yes No

Please check Yes or No whether the following Roman Catholic Sacraments have been given to each household member. If the Sacrament was not Roman Catholic, please indicate the Faith.

	Baptized	Eucharist	Confirmed	Current Faith (if not Roman Catholic)
Head	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child – 1:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child – 2:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child – 3:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child – 4:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Child – 5:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

OPTIONAL INFORMATION

Household Ethnic Identity:	African American	<input type="checkbox"/> Yes
	Asian American	<input type="checkbox"/> Yes
	Hispanic	<input type="checkbox"/> Yes
	Native American	<input type="checkbox"/> Yes
	Caucasian	<input type="checkbox"/> Yes
	Other:	<input type="checkbox"/> Yes

Language(s) spoken in the home (other than English): _____



FOR JOINING OUR PARISH – WE LOOK FORWARD TO SEEING YOU AT MASS!

FOR PARISH OFFICE USE ONLY

Recorded in Realm By: _____ Date: _____
 Recorded in CSA file By: _____ Date: _____