

REGISTRATION DATE: (MM,DD,YY)

NAME: (LAST, FIRST)

HOLY TRINITY

CATHOLIC PARISH



1200 Alpine Church Rd.
Comstock Park, MI 49418
616-784-0677

Cultivating faith since 1848



Parishioner Information Form

HOUSEHOLD INFORMATION

Family Last Name

Street Address

City/Town

Zip Code

Household Home Phone

Primary Home Language

County

Previous Parish

What year did you start attending Holy Trinity?

HEAD OF HOUSEHOLD

Name (First) (Middle) (Last)

Cell Phone Email Address Date of Birth

Male Female Marital Status Single Engaged Married Widowed Separated Divorced

Non-married couples at the same address will be considered separate households.

Religion

Highest Education Level

Occupation

Special Skills

Maiden Name

Sacramental Information

Table with sacramental information: Baptized?, First Communion?, Confirmed?, Married?, Married by a Catholic Priest or Deacon?

SPOUSE

Name (First) (Middle) (Last)

Cell Phone Email Address Date of Birth

Male Female Marital Status Single Engaged Married Widowed Separated Divorced

Religion

Highest Education Level

Occupation

Special Skills

Maiden Name

Sacramental Information

Table with sacramental information: Baptized?, First Communion?, Confirmed?, Married?, Married by a Catholic Priest or Deacon?

GIVING PREFER-

ENCE: Online

Giving or Envelopes (mark your choice) Envelope #

Are there other adult dependents or non-relatives living in your home?

Name (First, Middle, Last)	Relationship to Heads of Household	Date of Birth

Family Relationships—Please use the following code to identify relatives who are also members of Holy Trinity Parish: M=Mother, F=Father, S=Sister, B=Brother, SN=Son, D=Daughter, GM=Grandmother, GF=Grandfather, A=Aunt, U=Uncle

What made you decide to join Holy Trinity?

We'd like to get to know you better...tell us a few things about your family household:

1.

CHILD #1 (18 YEARS AND
Name (First)

(Middle)

(Last)

Cell Phone

Email Address

Date of Birth

School Attending

Grade Level

Yes No

Attending Faith Formation

Sacramental Information

	Date Received	Needed	Parish Sacrament Took Place
Baptism			
First Communion			
Confirmation			

IF YOU HAVE MORE THAN 3 CHILDREN, WE HAVE A SUPPLEMENTAL FORM

CHILD #2 (18 YEARS AND YOUNG-

Name (First) (Middle) (Last)

Cell Phone Email Address Date of Birth

School Attending Grade Level Attending Faith Formation Yes No

Sacramental Information

	Date Received	Needed	Parish Sacrament Took Place
Baptism			
First Communion			
Confirmation			

CHILD #3 (18 YEARS AND YOUNG-

Name (First) (Middle) (Last)

Cell Phone Email Address Date of Birth

School Attending Grade Level Attending Faith Formation Yes No

Sacramental Information

	Date Received	Needed	Parish Sacrament Took Place
Baptism			
First Communion			
Confirmation			

For Office Use Only

Recorded in Realm by: _____

Recorded in CSA file by: _____