

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

CHILD #2 (18 YEARS AND YOUNGER)

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 YOUNGER)

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: _____
Date:_____

Recorded in CSA file by: _____
Date:_____

PARISH MEMBERSHIP FORM

REGISTRATION DATE: (MM,DD,YY)

NAME: (LAST, FIRST)



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

Cultivating faith since 1848

YOUR 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

Sacramental Information

Highest Education Level

Occupation

Special Skills

Maiden Name

Baptized? Y or N

Where?

When?

First Communion? Y or N

Where?

When?

Confirmed? Y or N

Where?

When?

Married? Y or N

To whom?

When?

Where?

Married by a Catholic Priest or Deacon ? Y or N

If not, Date of Convalidation

SPOUSE

Name (First)

(Middle)

(Last)

Cell Phone

Email Address

Date of Birth

Male

Female

Marital Status

Single

Engaged

Married

Widowed

Separated

Divorced

Religion

Sacramental Information

Highest Education Level

Occupation

Special Skills

Maiden Name

Baptized? Y or N

Where?

When?

First Communion? Y or N

Where?

When?

Confirmed? Y or N

Where?

When?

Married? Y or N

To whom?

When?

Where?

Married by a Catholic Priest or Deacon ? Y or N

If not, Date of Convalidation

GIVING PREFERENCE: ☐ 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 YOUNGER)

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			