

# HOLY TRINITY PARISH REGISTRATION FORM

407 Cherry St., Weston, MO 64098

Telephone: (816) 640-2206

Date: \_\_\_\_\_

Family Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

(Home Address if different from mailing address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Family E-mail address: \_\_\_\_\_

Previous Parish: \_\_\_\_\_

MAN's Name: \_\_\_\_\_ (Informal or Nick Name if preferred) \_\_\_\_\_

Preferred title: Mr. no title

If a doctor or member of the military, please state how we should correctly address your mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religious Denomination \_\_\_\_\_

Sacraments received: \_\_\_Baptism \_\_\_Communion \_\_\_Confirmation \_\_\_Marriage

Marital Status: \_\_\_single \_\_\_married \_\_\_widowed \_\_\_divorced \_\_\_separated

Employment: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address \_\_\_\_\_

WOMAN's Name \_\_\_\_\_ (Informal or Nick Name if preferred \_\_\_\_\_)

Preferred title: \_\_\_Ms. \_\_\_Miss \_\_\_Mrs. \_\_\_no title

If a doctor or member of the military, please state how we should correctly address your mail:  \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religious Denomination \_\_\_\_\_

Sacraments received: \_\_\_Baptism \_\_\_Communion \_\_\_Confirmation \_\_\_Marriage

Marital Status: \_\_\_single \_\_\_married \_\_\_widowed \_\_\_divorced \_\_\_separated

Employment: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address \_\_\_\_\_

**Register DEPENDENT CHILDREN living in this household on the reverse side of this form.**

Note: We sometimes distribute to the members of our parish an address and phone list of fellow parishioners.

If you wish your phone number or address to be unlisted, or non-Catholic members of your family do not want to

be listed in our records, please indicate here \_\_\_\_\_

(For office use) Envelope Number:

Census record \_\_\_ Welcome packet \_\_\_ Envelope record \_\_\_ Rotary filed \_\_\_

**CHILDREN** (*dependent children living in this household*)

Formal Name	Informal Name (if preferred)	M/F	Birth Date	Grade in School	Religious Denomination	Baptized? Yes/No	Made First Communion? Yes/No	Confirmed? Y/N	Attends Religious Education? Y/N	Lives at Home Y/N

Are there any shut-ins at this home ? \_\_\_Yes \_\_\_No    If yes, who? \_\_\_\_\_

Any comments or special concerns: \_\_\_\_\_

\_\_\_\_\_

(This form may be returned by means of the collection basket, given to the pastor, or mailed/brought to the parish office: 407 Cherry St, Weston, MO 64098.)

**Thank you and Welcome!**