

Reg. # _____



7595 N. Federal Blvd.
Westminster, CO 80030
303 428 3594
Fax 303 427 4125

**HOLY TRINITY CATHOLIC CHURCH
REGISTRATION FORM**

Today's Date: _____

Your Cell Number: _____

Your Full Name: _____

Your Work Phone: _____

Your Street Address: _____

Your Occupation: _____

City/Zip: _____

Spouse's Full Name: _____

Martial Status (Circle One): Single _ Civilly Married _
Catholic Marriage _ Widowed _ Separated _ Divorced _

Spouse's Cell Number: _____

Home Phone Number: _____

Your E-Mail: _____

Independent children must register seperately
(married or 21 years of age or older)

Do you want envelopes? Yes ___ No ___

	Head of Family	Spouse/maiden name	Child	Child	Child	Child
1st Name						
Last Name						
Gender	Male ___ Female ___	Male ___ Female ___	Male ___ Female ___	Male ___ Female ___	Male ___ Female ___	Male ___ Female ___
Birthday						
Sacraments Received						
Baptized?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Confirmed?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Married?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

Would you like to volunteer? Fun Fest _ Religious Ed _ Youth Ministry _ Liturgy _ Adoration Chapel _ Marthas' _ Office _

WELCOME TO HOLY TRINITY!