



Holy Trinity Catholic Church

2818 E Bennett
Springfield, Missouri 65804

OFFICE USE ONLY

Date ___/___/___

Letter: ___ Mirror: ___

Phone: ___ Database: ___

Env. #: ___ Packet: ___

Parishioner Information

PLEASE PRINT

Date: _____

This is () a new registration or () a change of information or update

Previous Parish _____ City _____ State _____

FAMILY NAME: _____

STREET ADDRESS: _____ APT#: _____ CITY: _____ ZIP: _____

Landline Phone: _____ Cell Phone: _____

Head of Household: (First, Middle, Last Name) _____ Date of Birth ___/___/___

Religion: Catholic Other: (specify) _____ Ethnicity: _____ Language _____

Sacraments received: Baptism: ___/___/___ 1st Penance: ___/___/___ Holy Communion: ___/___/___ Confirmation: ___/___/___

Occupation: _____ Employer: _____

Cell phone: _____ Work Phone: _____ Email: _____

Spouse: (First, Middle, Maiden Name) Mrs./Ms. _____ Date of Birth ___/___/___

Last Name if different: _____

Religion: Catholic Other: (specify) _____ Ethnicity: _____ Language _____

Sacraments received: Baptism: ___/___/___ 1st Penance: ___/___/___ Holy Communion: ___/___/___ Confirmation: ___/___/___

Occupation: _____ Employer: _____

Cell phone: _____ Work Phone: _____ Email: _____

Marital Status:

Single (Never married): ___ Engaged: ___ Widowed: ___ Divorced, Not Remarried ___ Invalid Catholic Marriage ___ Living Together ___

Valid Catholic Marriage: ___ Date: ___/___/___ Valid Mixed Marriage ___ Married by Priest or Valid Catholic Marriage: YES ___ NO ___

Separated: ___ Divorced: ___ Applied for annulment: YES ___ NO ___ Annulment Granted: YES ___ NO ___

Please indicate below if you wish to be contacted by a representative of any of the below listed groups:

Faith Formation: RCIA: ___ Bible Study/Small groups: ___ PSR: ___ Youth Group: ___ Cornerstone Bible Study: ___ Men's Prayer Study Group: ___

Organizations: Knights of Columbus: ___ Society of St. Vincent de Paul: ___ St. Monica's Guild: ___ Garden Ministry ___ PCCW: ___ Adoration: ___

Secular Franciscan Order: ___ Society of St. Francis de Sales: ___ Pro Life Organizations: ___ Pittman Pals: ___ Women for Cures: ___

Ministries: EMHC: ___ Reader: ___ Altar Servers: ___ Gift Bearers: ___ Users/Greeters: ___ Choir: ___ Musician: ___

Name of other Household Members

(Living at home or away at school)

First Name _____ Middle Name _____
Relationship: _____ Male: ___ Female: ___ Date of Birth: ___/___/___
Cell phone: _____ Email: _____
Sacraments Received: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___

Name: _____ Middle Name _____
Relationship: _____ Male: ___ Female: ___ Date of Birth: ___/___/___
Cell phone: _____ Email: _____
Sacraments Received: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___

Name: _____ Middle Name _____
Relationship: _____ Male: ___ Female: ___ Date of Birth: ___/___/___
Cell phone: _____ Email: _____
Sacraments Received: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___

Name: _____ Middle Name _____
Relationship: _____ Male: ___ Female: ___ Date of Birth: ___/___/___
Cell phone: _____ Email: _____
Sacraments Received: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___

Name: _____ Middle Name _____
Relationship: _____ Male: ___ Female: ___ Date of Birth: ___/___/___
Cell phone: _____ Email: _____
Sacraments Received: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___

Name: _____ Middle Name _____
Relationship: _____ Male: ___ Female: ___ Date of Birth: ___/___/___
Cell phone: _____ Email: _____
Sacraments Received: Baptism: ___/___/___ 1st Penance: ___/___/___ 1st Communion: ___/___/___ Confirmation: ___/___/___

ANY ADDITIONAL INFORMATION: _____
