Church of the Holy Trinity
Membership Form

Date _____

FAMILY NAME _____

ADDRESS _____

CITY _____ ZIP _____

DO YOU HAVE A HOME PHONE? YES NO

IF YES, home phone number is _____

IF NO, number where you can be reached is _____

FAMILY EMAIL ADDRESS _____

MALE ADULT NAME	FEMALE ADULT NAME
MALE Single/Married/Widowed/Divorced	FEMALE Single/Married/Widowed/Divorced
Date of Birth	Date of Birth
Catholic YES NO	Catholic YES NO
If NO, what Religion	If NO, what Religion
BAPTISM YES NO	BAPTISM YES NO
1ST COMMUNION YES NO	1ST COMMUNION YES NO
CONFIRMATION YES NO	CONFIRMATION YES NO

MARRIED BY A PRIEST YES NO

DATE OF MARRIAGE _____

PLACE OF MARRIAGE _____

MALE EMPLOYER	FEMALE EMPLOYER
OCCUPATION	OCCUPATION
MALE CELL PHONE	FEMALE CELL PHONE
MALE EMAIL	FEMALE EMAIL