

Holy Trinity Catholic Parish

Family Registration Form

2649 US HWY 20, Swanton, Ohio 43558

Phone: 419-644-4014

Fax: 419-644-2159

Permission to Publish in Parish Directory:

- Address
- Phone Number
- Email

Today's Date: _____

Family Surname: _____ Head of Household: _____

Address: _____ City _____ ST _____ Zip _____

Phone: (_____) _____ Family Contact E-Mail: _____

HEAD OF HOUSEHOLD &/OR SPOUSE INFORMATION:

- Single Married Divorced Widowed

Head of Household: _____ Date of Birth _____ Catholic? Y N

Spouse: _____ Maiden Name _____ Date of Birth _____ Catholic? Y N

Marriage Information: Date of: _____ City/State of Marriage: _____

Name of Church: _____ Not In Church Married by Priest/Deacon? Y N

Head

Baptized?: Y N Church: _____

City/State of Baptism: _____

Sacraments Received:

- Reconciliation 1st Eucharist Confirmation

Dates if known _____

Occupation: _____

Employer: _____

Work Phone: _____

Email: _____

I'm Interested in: Ministry/Committee:

(Check all that apply)

- Euch. Min. Lector Usher Choir A & R
 Holy Name Children's Lit. Counter
 Finance School Council Pastoral Council
 Scouts Athletics Grounds Cemetery
 Unification Building RCIA Religious Ed.
All Others: _____

Spouse

Baptized?: Y N Church: _____

City/State of Baptism: _____

Sacraments Received:

- Reconciliation 1st Eucharist Confirmation

Dates if known _____

Occupation: _____

Employer: _____

Work Phone: _____

Email: _____

I'm Interested in: Ministry/Committee:

(Check all that apply)

- Euch. Min. Lector Usher Choir A & R
 Holy Name Children's Lit. Counter
 Finance School Council Pastoral Council
 Scouts Athletics Grounds Cemetery
 Unification Building RCIA Religious Ed.
All Others: _____

Children Information

1. Full Name: _____ Sex: M F Birth Date: ____/____/____

Catholic? Y N Baptized? Y N Church of Baptism: _____ City/State: _____

Sacraments Received: Reconciliation 1st Eucharist Confirmation

Dates if known _____

Special Needs: _____

2. Full Name: _____ Sex: M F Birth Date: ___/___/___
Catholic? Y N Baptized? Y N Church of Baptism: _____ City/State: _____
Sacraments Received: Reconciliation 1st Eucharist Confirmation
Dates if known _____
Special Needs: _____

3. Full Name: _____ Sex: M F Birth Date: ___/___/___
Catholic? Y N Baptized? Y N Church of Baptism: _____ City/State: _____
Sacraments Received: Reconciliation 1st Eucharist Confirmation
Dates if known _____
Special Needs: _____

4. Full Name: _____ Sex: M F Birth Date: ___/___/___
Catholic? Y N Baptized? Y N Church of Baptism: _____ City/State: _____
Sacraments Received: Reconciliation 1st Eucharist Confirmation
Dates if known _____
Special Needs: _____

5. Full Name: _____ Sex: M F Birth Date: ___/___/___
Catholic? Y N Baptized? Y N Church of Baptism: _____ City/State: _____
Sacraments Received: Reconciliation 1st Eucharist Confirmation
Dates if known _____
Special Needs: _____

6. Full Name: _____ Sex: M F Birth Date: ___/___/___
Catholic? Y N Baptized? Y N Church of Baptism: _____ City/State: _____
Sacraments Received: Reconciliation 1st Eucharist Confirmation
Dates if known _____
Special Needs: _____

7. Full Name: _____ Sex: M F Birth Date: ___/___/___
Catholic? Y N Baptized? Y N Church of Baptism: _____ City/State: _____
Sacraments Received: Reconciliation 1st Eucharist Confirmation
Dates if known _____
Special Needs: _____

Add Additional Children on Separate Sheet of Paper

Additional Information: _____

