

Most Holy Trinity Catholic Church

Angleton, Texas

OFFICE USE:
Date Registered:
ID#

Family Name Last _____ **First** _____ **Spouse** _____
Title: Mr./Mrs. Mr. Mrs. Ms. Miss Dr./Mrs. **Post Office Box** _____ **Street Address** _____
City _____ **Zip** _____ **Home Phone** (_____) _____ **Unlisted (Y) (N)**
Marital Status: Catholic Church Marriage Other Church Marriage Civil Marriage **Date Of Marriage** _____
 Single Separated Divorced Widowed Common Law

Member Information

Please note: Young Adults over 18 and other adults living in household should fill out a separate census form

	Head	Spouse	Child	Child	Child	Child	Child
First Name							
Maiden Name/Last Name if different from family name							
Religion - See chart below							
Enter correct #							
Mass Attendance - See chart below - Enter correct #							
Foreign Language - See chart below - Enter correct #							
Occupation of Adult or Grade child is attending							
Adult Place of Employment or School Child Attends							
Business Phone and Extension							
Sex(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)	(M) (F)
Date of Birth 00/00/00							

- Religion:**
- | | |
|-----------------|---------------------------|
| 1) Catholic | 6) Presbyterian |
| 2) Baptist | 7) Assembly of God |
| 3) Episcopalian | 8) Pentecostal |
| 4) Lutheran | 9) Other (please specify) |
| 5) Methodist | _____ |

- Mass Attendance:**
- 1) Weekly
 - 2) Twice a Month
 - 3) Monthly
 - 4) Seldom Attend
 - 5) Do not Attend

- Foreign Language:**
- 1) English Only
 - 2) Spanish Only
 - 3) English/Spanish
 - 4) Other (Please Specify)

- Special Situation: (Circle if any)**
- 1) Blind 2) Deaf 3) Mental Handicap
 - 4) Physical Handicap 5) Shut-in
- Name(s) of Person(s):**

Continued on other side

Circle the following:

- Y - Yes, the Sacrament has been received.
- N - No, the Sacrament has not been received.
- U - Unknown, no information is known of the sacrament.

If the Sacrament has been received, please insert the date, if known.

Member Information continued

	Head	Spouse	Child	Child	Child	Child	Child
First Name							
Baptism	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)
First Communion	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)
Confirmation	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)
First Confession	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)	(Y) (N) (U)

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Packet Mailed: _____

Card: _____

Computer: _____

I am interested in serving in the following Ministries:

- ? Music Ministry
- ? Bereavement Ministry
- ? Social Ministry/Community Garden
- ? Prayer Groups/Healing Ministry
- ? Maintenance
- ? Quince Años
- ? Bazaar
- ? Liturgy (Eucharistic Minister, Lector, Sacristan, Altar Server, Usher/Greeter, Altar Guild, Environment & Art)
- ? Ministry to Sick (Hospital, Nursing Homes, Home Bound)
- ? Other _____
- ? CCE/Adult Education
- ? Office Help
- ? Community Food Pantry
- ? Vocations
- ? Welcoming
- ? Marriage Preparation
- ? Baptismal Preparation

What do you feel is your calling? _____
