

Blessed Trinity Parish Registration

This information helps us better serve our parish families and is held in the strictest confidence for pastoral use only.
Please return this form to the parish office, and contact the parish office at 412-884-7744 with questions.

<i>Family Information</i> <i>(Please Print Legibly or Type)</i>				
Family Name:				
Address:		City:	State:	Zip Code:
Home Phone Number:				
Envelope Option: Weekly _____ Monthly _____		Email:		
<i>Family Member Information</i> <i>(include yourself and each family member living with you at this time.)</i>				
<u>Member (1) - Head of Household</u>				
Last Name: _____ First _____ Middle _____ Title _____ (Mr., Mrs., Ms., etc.)				
Maiden Name _____				
Gender: Male _____ Female _____		Birthdate:		
Education Level Completed:				
Religion:		Homebound?	Receiving Communion?	Request Home Visit?
Marital Status:		Single:	Married:	Divorced:
Widow/er:				
Marriage Date		Location		
Occupation/Employer			If student, name of school:	
<i>Sacramental Data</i>				
Baptism:		Place:		
1 st Communion:		Place:		
Confirmation:		Place:		
<u>Member (2)</u>				
Last Name: _____ First _____ Middle _____ Title _____ (Mr., Mrs., Ms., etc.)				
Maiden Name _____				
Gender: Male _____ Female _____		Birthdate:		
Marriage Date		Location		
<u>Relationship to Head of Household:</u> <i>Example: spouse, son, daughter, grandchild, etc.</i> _____				
Education Level Completed:				
Religion:		Homebound?	Receiving Communion?	Request Home Visit?
Marital Status:		Single:	Married:	Divorced:
Widow/er:				
Occupation/Employer:			If a student, name of school:	
<i>Sacramental Data</i>				
Baptism:		Place:		
1 st Communion:		Place:		
Confirmation:		Place:		

Member (3)

Last Name: _____ First _____ Middle _____ Title _____ (Mr., Mrs., Ms., etc.)

Gender: Male _____ Female _____ Birthdate: _____

Relationship to Head of Household: _____

Education Level Completed: _____

Religion: _____ Homebound? _____ Receiving Communion? _____ Request Home Visit? _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widow/er: _____

Marriage Date _____ Location _____

Occupation/Employer: _____ If a student, name of school: _____

Sacramental Data

Baptism: _____ Place: _____

1st Communion: _____ Place: _____

Confirmation: _____ Place: _____

Member (4)

Last Name: _____ First _____ Middle _____ Title _____ (Mr., Mrs., Ms., etc.)

Gender: Male _____ Female _____ Birthdate: _____

Relationship to Head of Household: _____

Education Level Completed: _____

Religion: _____ Homebound? _____ Receiving Communion? _____ Request Home Visit? _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widow/er: _____

Marriage Date _____ Location _____

Occupation/Employer: _____ If a student, name of school: _____

Sacramental Data

Baptism: _____ Place: _____

1st Communion: _____ Place: _____

Confirmation: _____ Place: _____

Member (5)

Last Name: _____ First _____ Middle _____ Title _____ (Mr., Mrs., Ms., etc.)

Gender: Male _____ Female _____ Birthdate: _____

Relationship to Head of Household: _____

Education Level Completed: _____

Religion: _____ Homebound? _____ Receiving Communion? _____ Request Home Visit? _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widow/er: _____

Marriage Date _____ Location _____

Occupation/Employer: _____ If a student, name of school: _____

Sacramental Data

Baptism: _____ Place: _____

1st Communion: _____ Place: _____

Confirmation: _____ Place: _____

Additional information: