

Parish Registration Form

HOLY TRINITY CATHOLIC CHURCH

315 Marshall St.

Shreveport, LA 71101

Email: holytrinity@dioshpt.org

www.holytrinity-shreveport.com

Parish Office Use Only

Date Received: _____

Envelope No.: _____

>Welcome to our parish!

Please complete and return this form to the Parish Office.

Date: _____

Name: (Mr.) (Mrs.) (Miss) (Ms.) (Rank) (Title) _____
First Middle Last

Address: _____
Street City State Zip Code

Home Phone: _____ **Mobile Phone:** _____

Email 1: _____ **Email 2:** _____

Employment:

His _____ Hers _____

Work Phone _____ Work Phone _____

Marital Status (circle one): Married Single Divorced Separated Widowed

Married by Whom (circle one): Priest Minister Other: _____

Date of Marriage: _____

Do you need information for Catholic annulment? _____

Estimated Contributions \$ _____ Weekly _____ Monthly _____ Yearly _____

Family Names	Date of Birth	Religion	Baptized	First Communion	Confirmation	Years Education
His						
Hers						
Child						
Child						
Child						

Please circle your interests: Minister of Holy Communion Lector Usher Altar Server Youth Group RCIA Altar Society Children's Liturgy Choir Bereavement Ministry Hospital/Home/Nursing Home Ministry Weekend Socials Parish Life Social Justice Concerns St. Vincent de Paul Society Knights of Columbus Catholic Daughters Building & Maintenance Domestic or Skilled Help

Would you like an appointment with our pastor? _____

Comments/Special Needs: _____