

Most Blessed Trinity Family Registration
113 Cherry St.
Tremont, PA 17981 (570) 695-3648

FAMILY INFORMATION

Last Name	First Name(s)
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Mailing Salutation (Salutation that will appear on mailings addressed to you, ex. Mr. & Mrs. John Doe)

Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Widower	Date: ____/____/____	Catholic marriage? <input type="checkbox"/> Justice of the Peace? <input type="checkbox"/> Previously married? <input type="checkbox"/>
Church: _____		

ADDRESS	TELECOMMUNICATIONS	(Home, Cell, Work, etc.)
Street	Primary Phone: ()	Type:
	2nd Phone: ()	Type:
City/State/Zip	Email	

FAMILY MEMBERS

(Please complete for every member of your family including yourself.)

MEMBER 1 (Husband, Wife, Child, etc.)

First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate
Sacraments (Check if received. Add date and/or church if known.)						Religion Occupation
Baptism <input type="checkbox"/>	Date ____/____/____	Church _____				
Confirmation <input type="checkbox"/>	Date ____/____/____	Church _____				
1st Eucharist <input type="checkbox"/>	Date ____/____/____	Church _____				
1st Penance <input type="checkbox"/>	Date ____/____/____	Church _____				

MEMBER 2 (Husband, Wife, Child, etc.)

First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate
Sacraments (Check if received. Add date and/or church if known.)						Religion Occupation Grade (If in school.)
Baptism <input type="checkbox"/>	Date ____/____/____	Church _____				
Confirmation <input type="checkbox"/>	Date ____/____/____	Church _____				
1st Eucharist <input type="checkbox"/>	Date ____/____/____	Church _____				
1st Penance <input type="checkbox"/>	Date ____/____/____	Church _____				

MEMBER 3 (Husband, Wife, Child, etc.)

First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate
Sacraments (Check if received. Add date and/or church if known.)						Religion Occupation Grade (If in school.)
Baptism <input type="checkbox"/>	Date ____/____/____	Church _____				
Confirmation <input type="checkbox"/>	Date ____/____/____	Church _____				
1st Eucharist <input type="checkbox"/>	Date ____/____/____	Church _____				
1st Penance <input type="checkbox"/>	Date ____/____/____	Church _____				

Please fill in as much information as possible. If you need to add additional members turn over to back.

MEMBER 4

(Husband, Wife, Child, etc.)

First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate
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Sacraments (Check if received. Add date and/or church if known.)					Religion	
Baptism <input type="checkbox"/>	Date <u> / / </u>	Church _____			Occupation	
Confirmation <input type="checkbox"/>	Date <u> / / </u>	Church _____			Grade (If in school.)	
1st Eucharist <input type="checkbox"/>	Date <u> / / </u>	Church _____				
1st Penance <input type="checkbox"/>	Date <u> / / </u>	Church _____				

MEMBER 5

(Husband, Wife, Child, etc.)

First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate
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Sacraments (Check if received. Add date and/or church if known.)					Religion	
Baptism <input type="checkbox"/>	Date <u> / / </u>	Church _____			Occupation	
Confirmation <input type="checkbox"/>	Date <u> / / </u>	Church _____			Grade (If in school.)	
1st Eucharist <input type="checkbox"/>	Date <u> / / </u>	Church _____				
1st Penance <input type="checkbox"/>	Date <u> / / </u>	Church _____				

MEMBER 6

(Husband, Wife, Child, etc.)

First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate
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Sacraments (Check if received. Add date and/or church if known.)					Religion	
Baptism <input type="checkbox"/>	Date <u> / / </u>	Church _____			Occupation	
Confirmation <input type="checkbox"/>	Date <u> / / </u>	Church _____			Grade (If in school.)	
1st Eucharist <input type="checkbox"/>	Date <u> / / </u>	Church _____				
1st Penance <input type="checkbox"/>	Date <u> / / </u>	Church _____				

MEMBER 7

(Husband, Wife, Child, etc.)

First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate
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Sacraments (Check if received. Add date and/or church if known.)					Religion	
Baptism <input type="checkbox"/>	Date <u> / / </u>	Church _____			Occupation	
Confirmation <input type="checkbox"/>	Date <u> / / </u>	Church _____			Grade (If in school.)	
1st Eucharist <input type="checkbox"/>	Date <u> / / </u>	Church _____				
1st Penance <input type="checkbox"/>	Date <u> / / </u>	Church _____				

MEMBER 8

(Husband, Wife, Child, etc.)

First Name	Middle Name	Last Name (If different)	Suffix	Gender M / F	Relationship	Birthdate
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Sacraments (Check if received. Add date and/or church if known.)					Religion	
Baptism <input type="checkbox"/>	Date <u> / / </u>	Church _____			Occupation	
Confirmation <input type="checkbox"/>	Date <u> / / </u>	Church _____			Grade (If in school.)	
1st Eucharist <input type="checkbox"/>	Date <u> / / </u>	Church _____				
1st Penance <input type="checkbox"/>	Date <u> / / </u>	Church _____				