

Holy Trinity Catholic Church

Reg Date: / /

Family Registration

PO BOX 278, HARTINGTON, NE 68739 (402) 254-6559

Last Name:
First Name(s):
Mailing Name (ie Mr. & Mrs. John Doe)
Address:
Add2:
City:
State:
Zip: -
Area Code:
Home Phone:
Emerg. Phone:
Family Email:
Env#

Individual Member Information

Parish Status: <small>(Active, Inactive)</small> Role: <small>(Head of House, Husband, Wife etc.)</small> First Name / Nickname: Gender: DOB (mm/dd/yyyy): Email: Work Phone/Cell Phone: First Language: Occupation/Employer:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Male / Female (Maiden) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / </div>
Sacramental Info: Dates (mm/dd/yyyy): <small>(Single, Married, Separated, Divorced, Annulled)</small> Marital Status:	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>	Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> / / </div>
Are there any members of your household who would like to be visited by a priest?		

Dependent Children Information

	Relationship to Head of Household	First Name / Last Name	Gender	Birthdate & Birthplace	H.S. Grad Yr	School First Language
1.	 	 	M / F	 / / 	 	
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	 / / 	 / / 	 / / 	 / / 	 / / 	 / /
2.	 	 	M / F	 / / 	 	
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	 / / 	 / / 	 / / 	 / / 	 / / 	 / /
3.	 	 	M / F	 / / 	 	
	Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Reconciliation <input type="checkbox"/>	Confirmation <input type="checkbox"/>
	 / / 	 / / 	 / / 	 / / 	 / / 	 / /

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.