

Envelope #

Holy Trinity Catholic Church

Registration Form

8213 Linton Hall Road
Gainesville, VA 20155

Phone (703) 753-6700 FAX: (703) 753-6286

Last Name: _____ Address: _____

City: _____ State, Zip: _____ Subdivision: _____

If married, were you married by a priest? Y/N Date of Marriage: _____ Home Phone: _____

E-mail: _____ Cell phone: _____ Primary Language Spoken in the Home: _____

Name	Nick Name	DOB	Religion	Occupation	Employer	Work Phone	Baptism	Confession	First Comm	Confirmation	Marital Status M/S/W/D	Education
Husband/Single Male							Y/N	Y/N	Y/N	Y/N		
Wife/Single Female/ Maiden Name							Y/N	Y/N	Y/N	Y/N		
Children at home		DOB	Gender	Religion	Occupation	School Attending	Baptism	Confession	First Comm	Confirmation	Marital Status M/S/W/D	Education Level
			M/F				Y/N	Y/N	Y/N	Y/N		
			M/F				Y/N	Y/N	Y/N	Y/N		
			M/F				Y/N	Y/N	Y/N	Y/N		
			M/F				Y/N	Y/N	Y/N	Y/N		
			M/F				Y/N	Y/N	Y/N	Y/N		
			M/F				Y/N	Y/N	Y/N	Y/N		
Others Residing at Address	Nick Name	DOB	Religion	Occupation	Employer	Work Phone	Baptism	Confession	First Comm	Confirmation	Marital Status M/S/W/D	Relationship to Household
			M/F				Y/N	Y/N	Y/N	Y/N		
			M/F				Y/N	Y/N	Y/N	Y/N		

Would any non-Catholics listed above like to be contacted about instruction classes? _____

Would anyone in your family like to share time & talent in one of parish ministries?: _____