

NEW PARISHIONER REGISTRATION FORM

Holy Trinity Catholic Church

101 Walt Banks Road, Peachtree City, GA 30269

Parish Office: 770-487-7672 / Fax: 770-486-9152

Religious Education: 770-487-0175 / Fax: 770-487-7317

Are you transferring from another parish in the Atlanta Diocese? _____

Envelope #: _____
Office use only

Registration Date: _____

Mailing Name: _____ Phone Number: _____

Address: _____ Subdivision: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Family Email: _____

Language: _____ **Ethnicity:** African American/American Indian/Asian American/ Caucasian
Hispanic American/Non-disclosed/Other/Unknown

Permission to publish phone, address, email in Parish Directory (Circle Yes or No)

Publish phone? **yes / no**

Publish Address? **yes / no**

Publish Email? **yes/no**

Marital Status: Single Married Separated Divorced Widowed

Married by Priest/Deacon? *Circle one:* yes/no Anniversary Date: Wedding Church/City:

Month, Day, Year

<p style="text-align: center;"><u>Husband or Head:</u></p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p style="text-align: center;">Sacramental Information</p> <p>Baptized in what religion? _____</p> <p>Reconciliation? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/></p> <p>Occupation: _____</p> <p>Work phone: _____</p> <p>Email: _____</p> <p>Cell phone: _____</p>	<p style="text-align: center;"><u>Wife:</u></p> <p>Name: _____</p> <p>Date of Birth: _____ (Maiden) _____</p> <p style="text-align: center;">Sacramental Information</p> <p>Baptized in what religion? _____</p> <p>Reconciliation? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/></p> <p>Occupation: _____</p> <p>Work phone: _____</p> <p>Email: _____</p> <p>Cell phone: _____</p>
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Emergency contact: _____

Please enter all children information on back that are living with you:

