

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? _____ If Yes, where _____

Registration Date: _____

Envelope #: _____
Office use only

Mailing Name: _____ Phone Number: _____

Address: _____ Subdivision: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Family Email: _____

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

Publish phone? **yes / no**

Publish Address? **yes / no**

Publish Email? **yes / no**

Marital Status:

Single

Married

Separated

Divorced

Widowed

Married by Catholic Priest/Deacon? *Circle one:* yes/no

Church _____

Anniversary Date: _____

Month, Day, Year

City/State _____

Husband or Head of household (if single):

Name: _____

Date of Birth: _____

Sacramental Information

Baptized in what religion? _____

Reconciliation? First Eucharist? Confirmed?

RCIA? (Rite of Christian Initiation of Adults) _____
(year)

Occupation: _____

Work phone: _____

Email: _____

Cell phone: _____

Language: _____

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

Wife or Head of household (if single):

Name: _____

Date of Birth: _____ (Maiden)

Sacramental Information

Baptized in what religion? _____

Reconciliation? First Eucharist? Confirmed?

RCIA? (Rite of Christian Initiation of Adults) _____
(year)

Occupation: _____

Work phone: _____

Email: _____

Cell phone: _____

Language: _____

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

Emergency contact: _____

Name and phone number

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

CHILDREN INFORMATION (LIVING AT HOME)

Child _____ Birth date _____ Sex _____ Grad Yr _____
 _____ F/M _____ Special Needs: _____

First **Middle** **Last**

Check if Sacrament Received. Baptism *Catholic?* Reconciliation Eucharist Confirmation
 Add Date if known. _____ Y/N _____ _____ _____

Child _____ Birth date _____ Sex _____ Grad Yr _____
 _____ F/M _____ Special Needs: _____

First Middle Last

Check if Sacrament Received. Baptism *Catholic?* Reconciliation Eucharist Confirmation
 Add Date if known. _____ Y/N _____ _____ _____

Child _____ Birth date _____ Sex _____ Grad Yr _____
 _____ F/M _____ Special Needs: _____

First Middle Last

Check if Sacrament Received. Baptism *Catholic?* Reconciliation Eucharist Confirmation
 Add Date if known. _____ Y/N _____ _____ _____

Child _____ Birth date _____ Sex _____ Grad Yr _____
 _____ F/M _____ Special Needs: _____

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 Add Date if known. _____ Y/N _____ _____ _____

Child _____ Birth date _____ Sex _____ Grad Yr _____
 _____ F/M _____ Special Needs: _____

First Middle Last

Check if Sacrament Received. Baptism *Catholic?* Reconciliation Eucharist Confirmation
 Add Date if known. _____ Y/N _____ _____ _____

FOR OFFICE USE ONLY: *(Put Initials and date)*

Certificate of Baptism Received _____

Entered in New Parishioners Workgroups _____

Welcome Letter _____

Entered in ParishSoft _____

Registration Information Sent _____