Holy Trinity Catholic Church of Corn Hill 8626 FM 1105 † Jarrell, Texas 76537 † 512-863-3020 e-mail: holytrinitycc@yahoo.com website: www.holytrinityofcornhill.org

<u>PARISH REGISTRATION FORM</u>

Salutation: Mr. & Mrs. Mr. Mrs.	Ms. Miss Other:		_ Do you war	nt ENVELOPES?	Yes	No
Family Last Name:		First Name:	S _F			
Address:		_ City:				
Phone Number:		_ E-Mail:				
Marital Status:Married	Separated	Divorced	Single	_Widowed		
Marriage by:Priest	Deacon	Other				
Marriage: Date: Place	ce:		Ci	City/State:		
HUS	BAND / MALE HEAD	OF HOUSEHO	LD INFORMATION			
Name:Last				MI		
Date of Birth:	Religion:		Alternate Phone #:			
Occupation:			Retired?	Yes	No	
			D IN IFORMATION			
	<u> FE / FEMALE HEAD (</u>	<u>OF HOUSEHOLL</u>	<u> J INFORMATION</u>			
Name: Last		First		MI		
Date of Birth:	Religion:		Alternate Phone #:			
Occupation:	Employer:			Retired?	Yes	No
Ministry Programs you would be interes	ited in being involved	l with or obtainir	ng more information a	bout:		
Lector (Mass Preference: Saturda	y / Sunday)	Head l	Jsher / Usher (Mass P	reference: Satur	day /	Sunday)
Extraordinary Minister of Holy Con	nmunion at Mass (Ma	ass Preference: S	Saturday / Sunday)			
Extraordinary Minister of Holy Con	nmunion to Shut-ins	(on Sunday mor	nings after Mass)			
Altar Server (children – 4 th grade &	appropria with appropria	ate Sacraments)				
Presentation of Gifts at Mass (Mas	s Preference: Saturda	ay / Sunday)				
Confraternity of Christian Mothers	Men's	Prayer Group	Choir	Adult F	RCIA	
CCE Program Teacher / Volunteer	Pro-Life	Prayer & Aware	ness Group _	Money Cou	nter	
Any other suggestions / comments:						

CHILDREN AT HOME

Name:								
	Last				First		MI	
Date of Birth:	ate of Birth: Gender:					Religion:		
School:				City: _		Curre	ent Grade:	
Sacraments Received:								
Baptism:	Yes	No	Date:		_ Place:			
First Communion:	Yes	No	Date:		_ Place:			
Confirmation:	Yes	No	Date:		_ Place:			
Name:								
Name.	Last				First		MI	
Date of Birth:			Gender:			Religion:		
School:				City: _		Curre	ent Grade:	
Sacraments Received:								
Baptism:	Yes	No	Date:		_ Place:			
First Communion:	Yes	No	Date:		_ Place:			
Confirmation:	Yes	No	Date:		_ Place:			
Name:								
TVGITTE.	Last				First		MI	
Date of Birth:			Gender:			Religion:		
School:				City: _		Curre	ent Grade:	
Sacraments Received:								
Baptism:	Yes	No	Date:		_ Place:			
First Communion:	Yes	No	Date:		_ Place:			
Confirmation:	Yes	No	Date:		_ Place:			
Name:								
TVGITTE.	Last				First		MI	
Date of Birth:			Gender:			Religion:		
School:				City: _		Curre	ent Grade:	
Sacraments Received:								
Baptism:	Yes	No	Date:		_ Place:			
First Communion:	Yes	No	Date:		_ Place:			
Confirmation:	Yes	No	Date:		Place:			