

Holy Trinity Catholic Church of Corn Hill

8626 FM 1105 † Jarrell, Texas 76537 † 512-863-3020
e-mail: mainoffice@holytrinityofcornhill.org website: www.holytrinityofcornhill.org

PARISH REGISTRATION FORM

Date: _____

Salutation: Mr. & Mrs. Mr. Mrs. Ms. Miss Do you want CONTRIBUTION ENVELOPES? Yes No

Family Last Name: _____ First Name: _____ Spouse: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Marital Status: Married Separated Divorced Single Widowed

Marriage by: Priest Deacon Other

Marriage: Date: _____ Place: _____ City/State: _____

HUSBAND / MALE HEAD OF HOUSEHOLD INFORMATION

Name: _____
Last First MI

Date of Birth: _____ Religion: _____ Alternate Phone #: _____

Occupation: _____ Employer: _____ Retired? Yes No

Sacraments Received:

Baptism: Yes No Date: _____ Place: _____

First Communion: Yes No Date: _____ Place: _____

Confirmation: Yes No Date: _____ Place: _____

WIFE / FEMALE HEAD OF HOUSEHOLD INFORMATION

Name: _____
Last First MI

Date of Birth: _____ Religion: _____ Alternate Phone #: _____

Occupation: _____ Employer: _____ Retired? Yes No

Sacraments Received:

Baptism: Yes No Date: _____ Place: _____

First Communion: Yes No Date: _____ Place: _____

Confirmation: Yes No Date: _____ Place: _____

Ministry Programs you would be interested in being involved with or obtaining more information about:

____ Lector (Mass Preference: Saturday / Sunday 8:30 or 10:30)

____ Head Usher / Usher (Mass Preference: Saturday / Sunday 8:30 or 10:30)

____ Extraordinary Minister of Holy Communion at Mass (Mass Preference: Saturday / Sunday 8:30 or 10:30)

See next page for more Ministry Programs

- ___Extraordinary Minister of Holy Communion to Shut-ins (on Sunday mornings after 8:30 am Mass)
- ___Altar Server (4th grade & up – with appropriate Sacraments) (Mass Preference: Saturday / Sunday 8:30 or 10:30)
- ___Presentation of Gifts at Mass (Mass Preference: Saturday / Sunday 8:30 or 10:30)
- ___Confraternity of Christian Mothers ___Choir ___Adult RCIA ___CCE Program Teacher / Volunteer
- ___Pro-Life Prayer & Awareness Group ___Money Counter ___Vocations Committee
- ___Knights of Columbus ___Catholic Daughters of the Americas ___KJZT ___K.J.T.
- ___Catholic Life Insurance

CHILDREN AT HOME

Name: _____
Last
First
MI

Date of Birth: _____ Gender: _____ Religion: _____

School: _____ City: _____ Current Grade: _____

Sacraments Received:

Baptism: Yes No Date: _____ Place: _____

First Communion: Yes No Date: _____ Place: _____

Confirmation: Yes No Date: _____ Place: _____

Name: _____
Last
First
MI

Date of Birth: _____ Gender: _____ Religion: _____

School: _____ City: _____ Current Grade: _____

Sacraments Received:

Baptism: Yes No Date: _____ Place: _____

First Communion: Yes No Date: _____ Place: _____

Confirmation: Yes No Date: _____ Place: _____

Name: _____
Last
First
MI

Date of Birth: _____ Gender: _____ Religion: _____

School: _____ City: _____ Current Grade: _____

Sacraments Received:

Baptism: Yes No Date: _____ Place: _____

First Communion: Yes No Date: _____ Place: _____

Confirmation: Yes No Date: _____ Place: _____
