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

Date:

PARISH REGISTRATION FORM

Salutation: Mr. & Mrs. Mr. Mrs. Ms. Miss Family Last Name: Address:				Do you want CONTRIBUTION ENVELOPES? Yes No			
				First Name:	Spo	use:	
				City:		Zip:	
Phone Number:				E-Mail:			
Marital Status:MarriedSeparated _				Divorced	DivorcedSingleWidowed		
Marriage by:	Priest		_Deacon _	Other			
Marriage: Date: Place:					City	/State:	
		HL	JSBAND / MALE H	HEAD OF HOUSEHO	OLD INFORMATION		
Name:	Last			First		MI	
Date of Birth:			Religion:		_ Alternate Phone #: _		
			_				
Sacraments Received:			. •				
Baptism:	Yes	No	Date:	Place:			
First Communion:	Yes	No	Date:	Place:			
Confirmation:	Yes	No	Date:	Place:			
		ν	VIFE / FEMALE HE	EAD OF HOUSEHOL	_D 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 Drograms you	م المال المالية	o interest	rad in baing involv	rod with or obtaining	a mara information abo		
, ,			3	•	g more information abo	<u>DUT:</u>	
·			[,] 5:00 pm / Sunda		1:30)		
Head Usher / Us	sher (Mas	s Prefere	nce: Saturday 5:0	0 pm / Sunday 7:	30 9:30 11:30)		
Extraordinary Mi	nister of H	loly Com	munion at Mass (Mass Preference: S	Saturday 5:00 pm / Su	inday 7:30 9:30 11:30)	

See next page for more Ministry Programs

Altar Server (4 th grade & up – with appropriate Sacraments)	Mass Preference: Saturday 5:00 pm / Sunday 7:30 9:30 11.
Presentation of Gifts at Mass (Mass Preference: Saturday 5:0	0 pm / Sunday 7:30 9:30 11:30)
Confraternity of Christian MothersChoir	Adult RCIACCE Program Teacher / Volunteer
Pro-Life Prayer & Awareness GroupMoney Co	ounterVocations Committee
Knights of ColumbusCatholic Daughters of th	e AmericasKJZTKJ.T.
Catholic Life Insurance	
<u>CHILDRE</u>	<u>IN AT HOME</u>
Name:	First Add
Last	First MI
Date of Birth: Gender:	
School: City	r: Current Grade:
Sacraments Received:	Diagon
·	Place:
	Place:
Confirmation: Yes No Date:	Place:
Name:	
Last	First MI
Date of Birth: Gender:	Religion:
School: City	r 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	r Current Grade:
Sacraments Received:	
Baptism: Yes No Date:	Place:
First Communion: Yes No Date:	Place:
Confirmation: Yes No Date:	Place: