

Envelope #

Holy Trinity Catholic Church

Registration Form

8213 Linton Hall Road, Gainesville, VA 20155 – Phone: (703) 753-6700 Fax: (703) 753-3286

Date: _____

Last Name: _____ Wife's Maiden Name (if applicable) _____ Primary Phone: _____

Address: _____ City: _____ State, Zip: _____ Primary Language: _____

If married, were you married in the Catholic Church by a Priest or Deacon: YES NO Date of Marriage: _____ Church of Marriage: _____ State: _____

First Name	Middle Name	DOB	Occupation	Religion	Phone Number	Email Address	Sacraments	Marital Status
Husband / Single Male		/ / MM DD YY					<input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	M / S / W / D
Wife / Single Female		/ / MM DD YY					<input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	M / S / W / D
Children at home	Middle Name	DOB	Gender	Religion	Education		Sacraments	
		/ / MM DD YY	M or F		<input type="checkbox"/> Public School <input type="checkbox"/> Private School	<input type="checkbox"/> Catholic School <input type="checkbox"/> Homeschool	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
		/ / MM DD YY	M or F		<input type="checkbox"/> Public School <input type="checkbox"/> Private School	<input type="checkbox"/> Catholic School <input type="checkbox"/> Homeschool	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
		/ / MM DD YY	M or F		<input type="checkbox"/> Public School <input type="checkbox"/> Private School	<input type="checkbox"/> Catholic School <input type="checkbox"/> Homeschool	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
		/ / MM DD YY	M or F		<input type="checkbox"/> Public School <input type="checkbox"/> Private School	<input type="checkbox"/> Catholic School <input type="checkbox"/> Homeschool	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
		/ / MM DD YY	M or F		<input type="checkbox"/> Public School <input type="checkbox"/> Private School	<input type="checkbox"/> Catholic School <input type="checkbox"/> Homeschool	<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation
Others Residing at Address	Nick Name	DOB	Occupation	Cell Phone	Sacraments		Marital Status	Relationship to Household
		/ / MM DD YY			<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	M / S / W / D	
		/ / MM DD YY			<input type="checkbox"/> Baptism <input type="checkbox"/> Confession	<input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	M / S / W / D	

Would you like to be contacted about any one of the following: Baptism Confession First Communion Confirmation RCIA Convalidation

Are your children registered in a religious education program (where)?

OFFICE USE ONLY Date Received ___/___/___ Date Entered ___/___/___ Letter of Release? Y N N/A Request Letter? Y N N/A