

## Holy Trinity Catholic Parish—Family Registration Form

2649 US Hwy 20, Swanton, OH 43558

Phone: 419-644-4014

Website: holytrinityswanton.com

Email: holytriparish@roadrunner.com

Family Last Name (Please Print) \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Family email \_\_\_\_\_  
Permission to Publish in Parish Directory Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like: Contribution Envelopes Yes \_\_\_\_\_ No \_\_\_\_\_  
Electronic Giving Yes \_\_\_\_\_ No \_\_\_\_\_  
Marital Status: (Circle one) Single Married Divorced  
If Married: Married Date \_\_\_\_\_ Church \_\_\_\_\_  
City/State \_\_\_\_\_ Catholic Ceremony: Y N

### Male Head of House

Name: \_\_\_\_\_  
First Middle Initial

Preferred Name to be called: \_\_\_\_\_

Suffix (Circle if used): Jr., Sr., II, III, Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Yes or No: Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_  
(Church, City, State)

Occupation/Job Title (optional): \_\_\_\_\_

Employer (optional): \_\_\_\_\_

Work PH (optional): ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Talents/Hobbies: \_\_\_\_\_  
\_\_\_\_\_

### Female Head of House

Name: \_\_\_\_\_  
First Middle Initial

Preferred Name to be called: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(if different from family name) (if married)

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Yes or No: Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_  
church, city, state

Occupation/Job Title (optional): \_\_\_\_\_

Employer (optional): \_\_\_\_\_

Work PH (optional): ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Talents/Hobbies: \_\_\_\_\_  
\_\_\_\_\_



