



BLESSED TRINITY PARISH

327 Giddings Avenue
Sheboygan Falls, WI 53085-1598
Phone: (920) 467-4616 Fax: (920) 467-4290
Website: www.blessedtrinityparish.org

Membership Form

ALL INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL.

If you need assistance in completing this form, please contact:

Sandy or Lynn at the Parish Office (467-4616, Ext. 301/302)

**PLEASE PRINT all information for your ENTIRE HOUSEHOLD on Pages 1-4,
EXCEPT where Signatures are Requested on Page 4.**

Family Name: _____ Wife's Maiden Name: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Is this a nursing home? Yes No

Telephone Number: () - - Please check if unlisted

E-Mail Address: _____

Parish Transferred from (Name, City & State): _____

Person One

Person Two

<p>PLEASE PRINT</p> <p>If more room is needed, please attach additional sheets.</p> <p>Please indicate the number for each response in the box & fill in the blanks where requested.</p>	First Name _____	First Name _____
	M. Initial _____	M. Initial _____
	Last Name _____	Last Name _____
	Date of Birth _____ / _____ / _____	Date of Birth _____ / _____ / _____
<p>RELATIONSHIP (1) Husband (2) Wife (3) Child Under 21 (4) Single Adult</p>	<input type="text"/>	<input type="text"/>
<p>GENDER (1) Male (2) Female</p>	<input type="text"/>	<input type="text"/>
<p>RACE (1) Asian (2) Black (3) Hispanic (4) White (5) Other</p>	<input type="text"/>	<input type="text"/>
<p>RELIGION (1) Catholic (2) Protestant (3) Other (4) None</p>	<input type="text"/> (3) Other <input type="text"/>	<input type="text"/> (3) Other <input type="text"/>
<p>CURRENT SCHOOL GRADE (If Applicable) Grade</p> <p>"Other" School <input type="text"/></p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<p>OCCUPATION (If Applicable)</p>	<input type="text"/>	<input type="text"/>
<p>DISABILITIES (1) Sight (2) Hearing (3) Physical (4) Mental (5) Emotional (6) Other (7) Does not apply</p>	<input type="text"/> (6) Other <input type="text"/>	<input type="text"/> (6) Other <input type="text"/>
<p>MARITAL STATUS (1) Married (2) Divorced (3) Separated (4) Widowed (5) Divorced Remarried (6) Widowed Remarried (7) Single</p>	<input type="text"/>	<input type="text"/>
<p>MARRIAGE* (Choose only one) (1) Marriage recognized by the Catholic Church (2) Marriage outside the Catholic Church (3) Unsure</p>	<input type="text"/>	<input type="text"/>
Date	____ / ____ / ____	____ / ____ / ____
Place		
Location		
<p>BAPTISM* (Indicate only one) (1) Baptized (2) Not Baptized (3) Convert (4) Unsure</p>	<input type="text"/>	<input type="text"/>
Date	____ / ____ / ____	____ / ____ / ____
Place		
Location		
<p>FIRST COMMUNION* (1) Yes (2) No (3) Unsure</p>	<input type="text"/>	<input type="text"/>
Date	____ / ____ / ____	____ / ____ / ____
Place		
Location		
<p>CONFIRMATION* (1) Yes (2) No (3) Unsure</p>	<input type="text"/>	<input type="text"/>
Date	____ / ____ / ____	____ / ____ / ____
Place		
Location		
<p>PRIESTHOOD OR RELIGIOUS LIFE Family member interested in information on a vocation to the priesthood or religious life? (X appropriate box)</p>	<input type="checkbox"/>	<input type="checkbox"/>

*If possible, please enclose a copy of Certificate.

If available, please submit a family photo. We will scan the photo and return it to you.

Safeguarding All of God's Children Information

Person's Full Name (First/Middle/Last Name):

Date of Class:

Place of Class:

Person's Full Name (First/Middle/Last Name):

Date of Class:

Place of Class:

Blessed Trinity Parish Web Site Release Waiver

I give my permission to have my and/or my child(ren) name(s) appear on our web site (www.blessedtrinityparish.org).

Printed Family Name:

Printed First Name(s):

Signature(s): _____

Date: _____