



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): _____

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

*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.

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: _____