

MOST HOLY TRINITY REGISTRY UPDATE FORM

DATE: ____/____/____
 TITLE: (CIRCLE) MR.&MRS MR MS MISS DR / JR SR
 LAST NAME: _____
 FIRST NAME: _____
 SPOUSE NAME: _____
 ADDRESS: _____
 APT #: _____ CITY: _____
 STATE: _____ ZIP CODE: _____
 EMAIL: _____
 PHONE: () _____ EMERGENCY #: () _____
 PERSON TO CONTACT IN CASE OF EMERGENCY: _____ Phone Number: _____

FOR OFFICE USE ONLY:
 DATE RECEIVED: _____
 DATE ENTERED: _____
 ENVELOPE #: _____

STATUS: (CIRCLE ONE)
CHURCH MARRIED
CIVILLY MARRIED SINGLE
WIDOWED SEPARATED DIVORCED
UNMARRIED/LIVING TOGETHER

INDIVIDUAL MEMBER INFORMATION

FILL OUT FOR EACH MEMBER	FIRST NAME	LAST NAME	LANGUAGE	RACE	BIRTHDAY	DISABILITY?	SEX (circle)
YOU					__/__/__	Yes / No	Male / Female
SPOUSE					__/__/__	Yes / No	Male / Female
CHILD #1					__/__/__	Yes / No	Male / Female
CHILD #2					__/__/__	Yes / No	Male / Female
CHILD # 3					__/__/__	Yes / No	Male / Female
CHILD #4					__/__/__	Yes / No	Male / Female
CHILD # 5					__/__/__	Yes / No	Male / Female

(FILL OUT FOR IMMEDIATE FAMILY ONLY- RELATIVES SHOULD REGISTER SEPARATELY)
 ANY CHILD OVER THE AGE OF 18 NEEDS TO REGISTER ON THEIR OWN.