

Holy Trinity Catholic Church
1600 Corporate Drive
Ladera Ranch, CA 92694
(949) 218-3131 www.holytrinityladera.org

PARISH REGISTRATION FORM

FAMILY LAST NAME _____ DATE ____/____/____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE NUMBER : _____

FAMILY EMAIL: _____

FAMILY INFORMATION

Head of Household _____ D.O.B ____/____/____

Place of Birth _____

Religion _____

Cell Phone: _____

Email: _____

Occupation: _____

CATHOLIC SACRAMENTS RECEIVED

BAPTISM NO ___ YES ___

RECONCILIATION NO ___ YES ___

FIRST COMMUNION NO ___ YES ___

CONFIRMATION NO ___ YES ___

MARRIAGE NO ___ YES ___

Spouse _____ Maiden Name _____ D.O.B ____/____/____

Place of Birth _____

Religion _____

Cell Phone: _____

Email: _____

Occupation: _____

CATHOLIC SACRAMENTS RECEIVED

BAPTISM NO ___ YES ___

RECONCILIATION NO ___ YES ___

FIRST COMMUNION NO ___ YES ___

CONFIRMATION NO ___ YES ___

MARRIAGE NO ___ YES ___

CONTINUE TO NEXT PAGE FOR ADDITIONAL FAMILY MEMBERS

Name _____ Male _____ Female _____

FIRST MIDDLE LAST

Date of Birth ____/____/____ Place of Birth _____

Religion: _____

School: _____

Grade: _____

CATHOLIC SACRAMENTS RECEIVED

Baptism	NO _____ YES _____
Reconciliation	NO _____ YES _____
First Communion	NO _____ YES _____
Confirmation	NO _____ YES _____

Name _____ Male _____ Female _____

FIRST MIDDLE LAST

Date of Birth ____/____/____ Place of Birth _____

Religion: _____

School: _____

Grade: _____

CATHOLIC SACRAMENTS RECEIVED

Baptism	NO _____ YES _____
Reconciliation	NO _____ YES _____
First Communion	NO _____ YES _____
Confirmation	NO _____ YES _____

Name _____ Male _____ Female _____

FIRST MIDDLE LAST

Date of Birth ____/____/____ Place of Birth _____

Religion: _____

School: _____

Grade: _____

CATHOLIC SACRAMENTS RECEIVED

Baptism	NO _____ YES _____
Reconciliation	NO _____ YES _____
First Communion	NO _____ YES _____
Confirmation	NO _____ YES _____