

Holy Trinity Parish Family Registration

5919 Kalanianoʻle Hwy, Honolulu, HI 96821 Phone: (808) 396-0551 Fax: (808) 396-1380

Registration Date:
Contrib. Env.? **Env#**

Mailing Name:
Home Phone:

Last Name:
Family Email:

First Name(s):

Address:

Address 2:

City: **State:**

Zip: - **AreaCode:**

School District:

Permission to publish phone, address, email in Parish Directory
 Publish Phone? Publish Address? Publish Email?

Couple/Head of Household Information

Marital Status:
Married by Priest/Deacon?
Anniversary Date:
Wedding Church/City:

	Husband/Head: Parish Status: <input type="text"/> (Active, Inactive, Deceased) Name: <input type="text"/> <input type="text"/> <input type="text"/> DOB: <input type="text"/> Sacramental Info: Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> RCIA? <input type="checkbox"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> Occupation: <input type="text"/> Work Phone: <input type="text"/> Email: <input type="text"/>	Wife: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Maiden) <input type="text"/> Baptized? <input type="checkbox"/> Catholic? <input type="checkbox"/> RCIA? <input type="checkbox"/> Reconcil? <input type="checkbox"/> First Eucharist? <input type="checkbox"/> Confirmed? <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Children Information

Child	Birthdate	Sex	Grad Yr	Special Needs:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> <input type="text"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/> <input type="text"/>	Reconciliation <input type="checkbox"/> <input type="text"/>
			Confirmation <input type="checkbox"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> <input type="text"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/> <input type="text"/>	Reconciliation <input type="checkbox"/> <input type="text"/>
			Confirmation <input type="checkbox"/> <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check if Sacrament Received. Add Date if known.	Baptism <input type="checkbox"/> <input type="text"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/> <input type="text"/>	Reconciliation <input type="checkbox"/> <input type="text"/>
			Confirmation <input type="checkbox"/> <input type="text"/>	

Please enter the correct information where provided.