For office use only

Contribution Envelope # _____

Blessed Trinity Catholic Church

10472 Beach Blvd.
Jacksonville, FL 32246
904-641-1414 (phone)
904-641-8171 (fax)
Email: lorrainemontoto@btccjax.org
Website: btccjax.org

Registration Form

PLEASE PRINT

FAMILY INFORMATION: **DATE:** _____

Home Phone Number: _____ **Unlisted? Yes / No**

Marital Status: Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Engaged ☐

Date of Marriage: _____

Church Name/City where married: _____

Head of Household: **SEX M / F** (circle one)

Last Name: _____

First Name: _____

Occupation: _____

Date of Birth: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Active/Inactive Catholic _____

Spouse: **SEX M / F** (circle one)

Last Name: _____

First Name: _____

Occupation: _____

Date of Birth: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Active/Inactive Catholic _____

Special Needs (disabled, homebound, etc.) _____

_____

Address

Street Address:_____

_____

City:_____ State:_____ Zip Code:_____

Mailing Address (if different from Street Address):_____

_____

City:_____State:_____Zip Code:_____

Head of Household

SACRAMENTS:

Baptism:	Yes _____	No _____
Confirmation:	Yes _____	No _____
First Communion:	Yes _____	No _____
Marriage:	Yes _____	No _____

Spouse

SACRAMENTS:

Baptism:	Yes _____	No _____
Confirmation:	Yes _____	No _____
First Communion:	Yes _____	No _____
Marriage:	Yes _____	No _____

PLEASE LIST EACH MEMBER OF YOUR FAMILY LIVING AT THIS ADDRESS

First Name	M/F	Date Of Birth	Occupation	Employer/ or School/Grade	√ Sacraments Received*				
					B	R	E	C	M
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐

*Sacrament Code: B= Baptism R=Reconciliation E=Eucharist C=Confirmation M=Matrimony

Submit via Email