



St. Elizabeth of the Trinity Parish
 6020 West Ardmore Avenue
 Chicago, IL 60646
 773 763-8228
 www.stelizabethtrinity.org

Parishioner Registration Form

Please legibly and completely print all information

PRIVACY NOTICE: All information will be used only by St. Elizabeth of the Trinity Parish

General Information

Today's Date: _____ Completed by: _____

Office Use: Family ID# _____

Entered by/Date: _____ CS: _____

Family Mailing Information

Street Address: _____

Apt. / Unit / Floor: _____ City/State: _____ Zip Code: _____

Phone: _____ (home / cell)

Phone: _____ (home / cell)

E-Mail Address: _____

E-Mail Address: _____

Head of Household

Last Name: _____ First Name: _____ Middle Name: _____

Title: _____ Maiden Name: _____ Gender: _____ Birth Date: _____

Occupation: _____ Employer: _____

Marital Status: _____ Religion: _____

Primary Language: _____ Second Language: _____

(√) Baptism: _____ Baptized Religion: _____ First Communion: _____ Confirmation: _____

Marriage: _____ Performed by: _____ (priest, minister, judge):

Where: _____ Date: _____

Spouse

Last Name: _____ First Name: _____ Middle Name: _____

Title: _____ Maiden Name: _____ Gender: _____

Relation to Head of Household: _____ Birth Date: _____

Occupation: _____ Employer: _____

Marital Status: _____ Religion: _____

Primary Language: _____ Second Language: _____

(√) Baptism: _____ Baptized Religion: _____ First Communion: _____ Confirmation: _____

Marriage: _____ Performed by: _____ (priest, minister, judge):

Where: _____ Date: _____

Child Information

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Relation to Head of Household: _____ Birth date: _____
If student, school attending: _____ Grade: _____
(√) Baptism: _____ Baptized Religion: _____ First Communion: _____ Confirmation: _____

Chikd Information

Last Name: _____ First Name: _____ Middle Name: _____
Gender: _____ Relation to Head of Household: _____ Birth date: _____
If student, school attending: _____ Grade: _____
(√) Baptism: _____ Baptized Religion: _____ First Communion: _____ Confirmation: _____

Child Information

Last Name: _____ First Name: _____ Middle Name : _____
Gender: _____ Relation to Head of Household: _____ Birth date: _____
If student, school attending: _____ Grade: _____
(√) Baptism: _____ Baptized Religion: _____ First Communion: _____ Confirmation: _____

Other Adult Information

Last Name: _____ First Name: _____ Middle Name : _____
Title: _____ Maiden Name: _____ Gender: _____
Relation to Head of Household: _____ Birth date: _____
Occupation: _____ Employer: _____
Marital Status: _____ Religion: _____
Primary Language: _____ Second Language: _____
(√) Baptism: _____ Baptized Religion: _____ First Communion: _____ Confirmation: _____
Marriage: _____ Performed by: _____ (*priest, minister, judge*): _____
Where: _____ Date: _____

REMARKS: