

HOLY TRINITY CATHOLIC CHURCH NEW PARISHIONER REGISTRATION

	For Office use:
Received by: _	
Date:	
D/Env:	

	HOUSEHO	LD	
Family Last Name			
Street Address			Apt.
City		State	Zip
Primary Email			
Primary Phone			
☐ Single, never married ☐ Widowed	☐ Married ☐ Divorced		Divorced/Remarried Other:
Marriage Date:	Place of Marriage:	City,	, State:
	HEAD OF HOUSEHOLD 1		HEAD OF HOUSEHOLD 2
Preferred Title (Dr., Mr., Ms., etc.)			
Formal Name (First, Middle, Last)			
Informal Name or Nickname			
Religion			
Date of Birth			
Phone			
Email			
Occupation			
Employer			
Baptism	Date/Church/City/State		Date/Church/City/State
First Communion	Date/Church/City/State		Date/Church/City/State
Confirmation	Date/Church/City/State		Date/Church/City/State

		OHILD 2
Formal Name (First, Middle, Last)		
Preferred Name		
Date of Birth		
Gender	☐ Female ☐ Male	☐ Female ☐ Male
Religion		
Grade/School		
If not attending Cath	olic School, do you plan to register this child for o	ur Faith Formation program? 🗆 Yes 🕒 No
Baptism	Date/Church/City/State	Date/Church/City/State
First Communion	Date/Church/City/State	Date/Church/City/State
Confirmation	Date/Church/City/State	Date/Church/City/State
		I
	CHILD 3	CHILD 4
Formal Name (First, Middle, Last)	CHILD 3	CHILD 4
	CHILD 3	CHILD 4
(First, Middle, Last)	CHILD 3	CHILD 4
(First, Middle, Last) Preferred Name	CHILD 3	CHILD 4
(First, Middle, Last) Preferred Name Date of Birth		
(First, Middle, Last) Preferred Name Date of Birth Gender Religion Grade/School	☐ Female ☐ Male	☐ Female ☐ Male
(First, Middle, Last) Preferred Name Date of Birth Gender Religion Grade/School	☐ Female ☐ Male	☐ Female ☐ Male ur Faith Formation program? ☐ Yes ☐ No
(First, Middle, Last) Preferred Name Date of Birth Gender Religion Grade/School	☐ Female ☐ Male	☐ Female ☐ Male
(First, Middle, Last) Preferred Name Date of Birth Gender Religion Grade/School If not attending Cathol	☐ Female ☐ Male	☐ Female ☐ Male ur Faith Formation program? ☐ Yes ☐ No
(First, Middle, Last) Preferred Name Date of Birth Gender Religion Grade/School If not attending Cathon Baptism	☐ Female ☐ Male Dilic School, do you plan to register this child for one date/Church/City/State	☐ Female ☐ Male ur Faith Formation program? ☐ Yes ☐ No Date/Church/City/State

	CHILD 5	CHILD 6
Formal Name		
(First, Middle, Last)		
Preferred Name		
Date of Birth		
Gender	☐ Female ☐ Male	☐ Female ☐ Male
Religion		
Grade/School		
If not attending Catholic	School, do you plan to register this child for c	· –
Baptism	Date/Church/City/State	Date/Church/City/State
First Communion	Date/Church/City/State	Date/Church/City/State
Confirmation	Date/Church/City/State	Date/Church/City/State
OTHER INFORMATION What would you like us to k sacraments for which you w	now about you and/or your family? Are the vould like to prepare?	ere specific things we can help with, or

TIME • TALENT • TREASURE

On the next two pages you will have the opportunity to complete your registration with your stewardship intention. We ask that you spend some time with God as you consider the many talents and blessings God has bestowed upon you. We want you to be active in our faith community. If we can help discern your best opportunity, please give us a call.

FINANCIAL SUPPORT

All parish families do their best to support the evangelizing mission of the parish through regular tithing. While we can't all give at the same level, we can all give according to our financial blessings.

Please use the chart below as a guide while you consider the appropriate level of support for our parish.

Monthly Contribution Calculator					
Annual Income	10% tithe	7.5% tithe	5% tithe	2.5% tithe	1% tithe
\$500,000	\$4,167	\$3,125	\$2,083	\$1,042	\$417
\$250,000	\$2,083	\$1,563	\$1,042	\$521	\$208
\$100,000	\$833	\$625	\$417	\$208	\$83
\$75,000	\$625	\$469	\$313	\$156	\$63
\$50,000	\$417	\$313	\$208	\$104	\$42
\$25,000	\$208	\$156	\$104	\$52	\$21
\$10,000	\$83	\$63	\$42	\$21	\$8

Additional Information may be included here:

HOLY TRINITY STEWARDSHIP

My TREASURES for God

111, 111, 1001, 101, 01001						
PLEASE PRINT CLEARLY				(Staff Use Only: Date received)		
Family Name:						
Address:						
Head of Household 1:			Cell:		Email:	
Head of Household 2:			Cell:		Email:	
Full Names of Children + Da	ate of Birth:					
l am elderly/homebour	nd and unable to p	articipat	e fully as I	once did	d but will continue to pray for my	parish community.
I/WE WILL GIVE:						
\$						
\$	per Month	Χ	12	=	\$	_
\$	per Year			=	\$	
Signature(s):						
Date:						
Have I intend to above w	w traceure.				DDAY . ENGAGI	E A CHADE

How I intend to share my treasure:

Please send envelopes.

☐ Please do not send envelopes; I will use WeShare only. We ask that you still complete the treasure portion above if choosing WeShare.

 $\hfill \Box$ Please send envelopes; I will use WeShare for some donations.

To begin online donations through WeShare please scan the QR code or visit our website: www.htparish.org and click Give.



PRAY • ENGAGE • SHARE

Thank you for taking the time to complete our yearly stewardship renewal form! We ask that you complete all information and return it to the parish office.

This renewal provides us with up-to-date information on our parish families and how you wish to support Holy Trinity Catholic Church. We value your time (Pray—join us at Mass!); share your talent (Engage—you share your talents when you volunteer); prayerfully consider your treasure (Share—by sharing your treasure, your generosity allows us to give back to our parish community with our many programs, including our schools and other ministries).

On the reverse side of this page, we ask you to prayerfully consider your time and talent for the parish. We need you to come to Mass! We need you to volunteer! We need you to be active!

MINISTRY OPPORTUNITIES

LITURGICAL MINISTRY

- Altar Server
- 2. Art & Environment
- Cantor
- 4. Choir
 - a. Adult
 - b. Children
 - c. Resurrection
- Church Cleaner
- 6. Church Linens
- Eucharistic Adoration
- Extraordinary Minister of Holy Communion
- Lector
- 10. Master of Ceremony
- 11. Minister of Hospitality
 - a. Greeter
 - b. Usher
- 12. Instrumentalist
- 13. Sacristan

ADMINISTRATION

- 15. Collection Counting Team
- 16. Finance Council
- 17. Parish Council

SCHOOL

- 18. Grandparent's Club
- 19. PTA
- 20. School Advisory Board
- 21. School Volunteer/Support
- 22. Scout Leader
- 23. Service Learning

FAITH FORMATION

- 24. Catechesis of the Good Shepherd Volunteer
 - a. School Hours
 - b. After School/Evening Hours
 - c. Sunday Mornings
- 25. Baptismal Prep Leader
- 26. Bible Study Leader
- 27. Helping Hands
 - a. Childcare Volunteer
 - b. General Volunteer
- 28. Religious Education Catechist
- 29. RCIA
 - a. Team
 - b. Sponsor
 - c. Dismissal Leader
- 30. Marriage Ministry Leader
- 31. Marriage Prep Companion Couple
- 32. Small Group Faith Sharing Leader
- 33. Vacation Bible School Volunteer
- 34. Young Adult Ministry
- 35. Youth Ministry Volunteer

PARISH LIFE/SERVICE MINISTRY

- 36. Fish Fry Volunteer
- 37. Hospitality
 - a. Loaves & Fishes Ministry
 - b. Bereavement Meal Setup/Hosting
 - c. Funeral Mass Host/Hostess
 - d. Coffee & Donuts
- 38. Health Ministry
 - a. Stephen Ministry
- 39. Housing Committee
- 40. Men's Group

- 41. New Family Welcome Partner Family
- 42. Parish Picnic
 - a. Leadership/Planning Committee
 - b. Booth Captain
 - c. General Volunteer
 - d. Setup/Breakdown
- 43. Pastoral Care Hospital/Homebound/ Nursing Home Visits
- 44. Prayer Blanket
- 45. Prayer Line
- 46. Respect Life
- 47. Seniors
- 48. Sports Ministry
 - a. Athletics Coach
 - b. Athletics Board
 - c. Athletics Concession Stand Volunteer
- 49. St. Vincent DePaul HT Conference
- 50. Women's Group

If you would like to suggest a ministry, please do so here:



NAME List each family member separately		STRY r from above			
Please remove me from these ministries (Please include family member and ministry)					