



Form #: \_\_\_\_\_  
(Please do not fill in this field )

## Church Registration Form

Please fill in the form below to register to our church community (please write in block letters).

Last Name:			Spouse Last Name:		
Your Name:			Spouse Name:		
Date of Birth (ddmmyyyy)			Date of Birth (ddmmyyyy)		
Gender: (M / F)			Gender: (M / F)		
Since when did I attend mass at Blessed Trinity:					
Email :			Email:		
Phone Number:			Phone Number:		
Address:			Postcode / City:		
<b>Children BELOW 18 YEARS OLD</b> (for children above 18 years old will have to fill in FORM separately):					
Children (full name)	M / F	Date of Birth	Date of Baptism	Date of first Communion	Date of confirmation
Would you like to make your regular contribution by direct debit? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If contributing by direct debit, would you like to receive an Annual Statement of Contribution from the Parish of Blessed Trinity for tax declaration purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please let us know about any previous Parish involvement					
How would like to be involved / <b>volunteer</b> in The Parish of the Blessed Trinity?					
Any suggestion?					
Date:(ddmmyyyy) _____					
Signature: _____ (print your name then affix your signature )					
<input type="checkbox"/> I consent to the collection of my data.					
*** (ddmmyyyy) is 18 jan 2026 i.e. 18012026 Blessed PW					

**Thank you for registering!**