



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 (ddmm/yyyy)	Date of Birth (ddmm/yyyy)
Gender: (M / F)	Gender: (M / F)

Since when did I attend mass at Blessed Trinity:

Email :	Email:
Phone Number:	Phone Number:

Address: \_\_\_\_\_ Postcode / City: \_\_\_\_\_

**Children BELOW 18 YEARS OLD (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

No

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

No

Please let us know about any previous Parish involvement

How would like to be involved / **volunteer** in The Parish of the Blessed Trinity?

Any suggestion?

Date: (ddmm/yyyy) \_\_\_\_\_

Signature: \_\_\_\_\_

(print your name then affix your signature )



I consent to the collection of my data.

\*\*\* (ddmm/yyyy) is 18 jan 2026 i.e. 18012026

Blessed PW

Thank you for registering!