



WELCOME TO
CHURCH OF THE HOLY TRINITY
122 Vliet Boulevard
Cohoes, NY 12047-1842
(518) 237-2373
Fax # (518) 326-2209
htpparishoffice@gmail.com
www.holytrinitycohoes.org

PARISH REGISTRATION FORM

Name: _____ Date of Birth: _____
(First & last)

Spouse: _____ Maiden Name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Cell #: _____ Cell #: _____
(yours) (Spouse)

Email: _____ (yours)

Email: _____ (Spouse)

Marital Status: _____ Date of Marriage: _____

City and Church: _____

Children in family (if any)

Name:	Date of Birth	Sacraments Received (date) What Church
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(continue on back)

Are you interested in volunteering for any of the following: (please circle)

Catechist (Grades 1-10) Choir **Extraordinary Minister of Holy Communion
Adult Faith Formation **Lector ** Usher Eucharistic Adorers
**Altar server (only children who have made their Holy Communion)
Food Pantry Buildings & Grounds Dinners (Social Activities)
Church Decorating

** (Please circle the Mass you will be attending) 4:00 pm 10:30 am

Please list any gifts or talents you wish to share with our parish: (ie) Artist, Baker, Cook, Contractor..

If you currently pay bills online, would you consider adding Holy Trinity to your list of Payees?	YES	NO
May we sign you up for weekly envelop donations?	YES	NO
Is anyone in your household homebound?	YES	NO
Would they like to receive Communion?	YES	NO
Would you like to receive the Evangelist newspaper?	YES	NO

Please return this form to Church of the Holy Trinity and Welcome to our Parish!