



WELCOME!
**Thank you for registering
as a parish member!**

Basic Information

Name _____

Mailing Address _____ Zip _____

Street Address (if different from Mailing) _____ Zip _____

Home Phone _____ Cell/Mobile _____

Email _____ FAX _____

Work Phone Numbers _____

I/We are registering as members of ___ **Blessed Trinity**; ___ **Spirit of Christ Mission/Lolo**

Previous Parish/Church: Parish Name _____ City/State _____

Weekend Mass I/We usually attend:

___ 5:00 pm Saturday Vigil; Sunday ___ 10:00 am; ___ 8:00 am (Spirit of Christ).

*Realizing that the primary ministry is to be an active participating member of the parish and the liturgical assembly
I/We are interested in learning how to serve the community in these particular ministries:*

Parish ministries or activities in which I/We would like to consider participating

___ I/We are interested in the various **Liturgical Ministries** of the Parish

___ I/We are interested in the various **Liturgical Music Ministries** of the Parish

___ I/We are interested in the ministry of **Pastoral Care among the sick and home bound** of the community.

___ I/We are interested in the **Parish Outreach Ministry** opportunities

___ I/We are interested in the **Parish Faith Formation** (catechetical) Ministries

___ I/We are interested in the **Parish Rite of Christian Initiation** (RCIA) Ministries

___ I/We are interested in the **Parish Hospitality and Evangelization** Ministries

___ I/We are interested in the **Parish Knights of Columbus**

___ I/We are interested in the **Parish Building and Grounds Services**

___ I/We are interested in the **Parish Administrative Services**

___ I/We are interested in serving in the following ministry not listed above _____

In which of these ministries have you previously participated? _____

Particular needs/concerns

Please note any particular needs or concerns you or your family members may have which the parish could be attentive to. THANK YOU.

Particular Needs or concerns:

MEMBER INFORMATION	Adult	Adult	Child (or other adult)	Child	Child
Last Name					
First Name					
Birth Date (mm/dd/yy)					
Religion					
School/College (include City/State)	Name: Place:	Name: Place:	Name: Place:	Name: Place:	Name: Place:
Grade/ Occupation					
BAPTISM	Date: Church: City:	Date: Church: City:	Date: Church: City:	Date: Church: City:	Date: Church: City:
Confirmation	Date: Church: City:	Date: Church: City:	Date: Church: City:	Date: Church: City:	Date: Church: City:
Eucharist	Date: Church: City:	Date: Church: City:	Date: Church: City:	Date: Church: City:	Date: Church: City:
Reconciliation	Date: Church: City:	Date: Church: City:	Date: Church: City:	Date: Church: City:	Date: Church: City:
Marriage Please indicate current status (single, married, divorced, separated, widowed/ etc.)	Date: Church/other: City: Status:	Date: Church/other: City: Status:			

___I/We would like to receive Parish Stewardship Envelopes in order to share in the financial stewardship of our faith Community. THANK YOU.

___I/We would like to contribute using "Auto-Debit." Please call me for more information



1475 Eaton Street, Missoula, MT 59801
406-721-2405 blessedtrinitymissoula.org

For Office use only: PDS # _____; Entry Date _____

Information provided is for the exclusive use of Blessed Trinity Catholic Community and Spirit of Christ Mission.