Tri - Parish West Virginia
Christ the King + Holy Trinity + St. Patrick

TRI-PARISH REGISTRATION

Instructions to Complete Registration

- This form has places for 8 household members. If you have additional members, please complete and submit this form for the first 8 members. Next, begin a new form skipping the Household Information and Head of Household sections and submit it separately.
- Make sure to include dates and places of sacraments received. If you do not know the exact date, please estimate the year received.
- Please complete for all members of your household - even those who are not Catholic. For the non-Catholic members, please give the date and place of their baptism. If they are not baptized, enter "N/A" in the "Name of Church where you were baptized" field.
- Any additional information that you would like to add can be entered in the Additional Information section at the bottom of this form.
- If you need any help with this form, please e-mail info@tpwv.org or call (304)755-0791.
- If you would prefer to download this form, click here.

Household Information			
Physical Address		**Mailing Address**	
City		**State**	WV - West Virginia
Zip Code		**Home Phone (xxx-xxx-xxxx)**	
Church Registration	Choose		

Head of Household (Adult)			
Title		**First Name**	
Middle Name		**Last Name**	
Suffix		**Maiden Name**	
Nickname or Preferred			
Gender	Choose	**Marital Status**	Choose
Date of Birth (MM/DD/YYYY)		**City & State of Birth**	
Cell Phone (xxx-xxx-xxxx)		**Email**	
Text Messaging	Yes ⚪ No ⚪		

Any special needs?	Yes ○ No ○	**If so, what are your needs?**	[ ]
Profession	[ ]	**Employer**	[ ]
Work Phone (xxx-xxx-xxxx)	[ ]	**Contact at Work?**	Yes ○ No ○
Are you Catholic?	Yes ○ No ○	**If not, in what religion were you baptized?**	[ ]
If you are not Catholic, are you interested in Catholicism?	Yes ○ No ○		
Date of Baptism (MM/DD/YYYY)	[ ]	**Name of Church where Baptized**	[ ]
City & State of Baptism	[ ]		
Date of First Holy Communion (MM/DD/YYYY)	[ ]	**Name of Church where First Holy Communion received**	[ ]
City & State where First Holy Communion received	[ ]		
Date of Confirmation (MM/DD/YYYY)	[ ]	**Name of Church where Confirmed**	[ ]
City & State where Confirmed	[ ]		
Date of Marriage (MM/DD/YYYY)	[ ]	**Name of Church where Married**	[ ]
City & State where Married	[ ]		

Spouse (Adult 2)

Title	[ ]	**First Name**	[ ]
Middle Name	[ ]	**Last Name**	[ ]
Suffix	[ ]	**Maiden Name**	[ ]
Nickname or Preferred	[ ]	**Relationship to Head of Household**	[ ]
Gender	Choose ▼	**Marital Status**	Choose ▼
Date of Birth (MM/DD/YYYY)	[ ]	**City & State of Birth**	[ ]
Cell Phone(xxx-xxx-xxxx)	[ ]	**Email**	[ ]
Text Messaging	Yes ○ No ○		
Any special needs?	Yes ○ No ○	**If so, what are your needs?**	[ ]
Profession	[ ]	**Employer**	[ ]
Work Phone (xxx-xxx-xxxx)	[ ]	**Contact at Work?**	Yes ○ No ○
Are you Catholic?	Yes ○ No ○	**If not, in what religion were you baptized?**	[ ]

If you are not Catholic, are you interested in Catholicism?	Yes ○ No ○		
Date of Baptism (MM/DD/YYYY)		**Name of Church where Baptized**	
City & State of Baptism			
Date of First Holy Communion (MM/DD/YYYY)		**Name of Church where First Holy Communion received**	
City & State where First Holy Communion received			
Date of Confirmation (MM/DD/YYYY)		**Name of Church where Confirmed**	
City & State where Confirmed			
Date of Marriage (MM/DD/YYYY)		**Name of Church where Married**	
City & State where Married			

Child 1

First Name		**Middle Name**	
Last Name		**Suffix**	
Nickname or Preferred			
Relationship to Head of Household		**If not parent, do you have legal guardianship?**	Yes ○ No ○
Gender	Choose ▼		
Date of Birth (MM/DD/YYYY)		**City & State of Birth**	
Cell Phone (xxx-xxx-xxxx)		**Email**	
Text Messaging	Yes ○ No ○		
Any special needs?	Yes ○ No ○	**If so, what are your child's needs?**	
School		**Grade**	
Date of Baptism (MM/DD/YYYY)		**Name of Church where Baptized**	
City & State of Baptism			
Date of First Holy Communion (MM/DD/YYYY)		**Name of Church where First Holy Communion received**	
City & State where First Holy Communion received			
Date of Confirmation (MM/DD/YYYY)		**Name of Church where Confirmed**	

City & State where Confirmed			

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Child 2

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First Name		**Middle Name**	
Last Name		**Suffix**	
Nickname or Preferred			
Relationship to Head of Household		If not parent, do you have legal guardianship?	Yes ○ No ○
Gender	Choose ▼		
Date of Birth (MM/DD/YYYY)		**City & State of Birth**	
Cell Phone (xxx-xxx-xxxx)		**Email**	
Text Messaging	Yes ○ No ○		
Any special needs?	Yes ○ No ○	If so, what are your child's needs?	
School		**Grade**	
Date of Baptism (MM/DD/YYYY)		**Name of Church where Baptized**	
City & State of Baptism			
Date of First Holy Communion (MM/DD/YYYY)		**Name of Church where First Holy Communion received**	
City & State where First Holy Communion received			
Date of Confirmation (MM/DD/YYYY)		**Name of Church where Confirmed**	
City & State where Confirmed			

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Child 3

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First Name		**Middle Name**	
Last Name		**Suffix**	
Nickname or Preferred			
Relationship to Head of Household		If not parent, do you have legal guardianship?	Yes ○ No ○
Gender	Choose ▼		
Date of Birth (MM/DD/YYYY)		**City & State of Birth**	
Cell Phone (xxx-xxx-xxxx)		**Email**	

Text Messaging	Yes ○ No ○		
Any special needs?	Yes ○ No ○	If so, what are your child's needs?	
School		Grade	
Date of Baptism (MM/DD/YYYY)		Name of Church where Baptized	
City & State of Baptism			
Date of First Holy Communion (MM/DD/YYYY)		Name of Church where First Holy Communion received	
City & State where First Holy Communion received			
Date of Confirmation (MM/DD/YYYY)		Name of Church where Confirmed	
City & State where Confirmed			

Child 4

First Name		Middle Name	
Last Name		Suffix	
Nickname or Preferred			
Relationship to Head of Household		If not parent, do you have legal guardianship?	Yes ○ No ○
Gender	[▼]		
Date of Birth (MM/DD/YYYY)		City & State of Birth	
Cell Phone (xxx-xxx-xxxx)		Email	
Text Messaging	Yes ○ No ○		
Any special needs?	Yes ○ No ○	If so, what are your child's needs?	
School		Grade	
Date of Baptism (MM/DD/YYYY)		Name of Church where Baptized	
City & State of Baptism			
Date of First Holy Communion (MM/DD/YYYY)		Name of Church where First Holy Communion received	
City & State where First Holy Communion received			
Date of Confirmation (MM/DD/YYYY)		Name of Church where Confirmed	

City & State where Confirmed			

Child 5

First Name		**Middle Name**	
Last Name		**Suffix**	
Nickname or Preferred			
Relationship to Head of Household		**If not parent, do you have legal guardianship?**	Yes ○ No ○
Gender	[▼]		
Date of Birth (MM/DD/YYYY)		**City & State of Birth**	
Cell Phone (xxx-xxx-xxxx)		**Email**	
Text Messaging	Yes ○ No ○		
Any special needs?	Yes ○ No ○	**If so, what are your child's needs?**	
School		**Grade**	
Date of Baptism (MM/DD/YYYY)		**Name of Church where Baptized**	
City & State of Baptism			
Date of First Holy Communion (MM/DD/YYYY)		**Name of Church where First Holy Communion received**	
City & State where First Holy Communion received			
Date of Confirmation (MM/DD/YYYY)		**Name of Church where Confirmed**	
City & State where Confirmed			

Child 6

First Name		**Middle Name**	
Last Name		**Suffix**	
Nickname or Preferred			
Relationship to Head of Household		**If not parent, do you have legal guardianship?**	Yes ○ No ○
Gender	Choose [▼]		
Date of Birth (MM/DD/YYYY)		**City & State of Birth**	

Cell Phone (xxx-xxx-xxxx)		**Email**	
Text Messaging	Yes ○ No ○		
Any special needs?	Yes ○ No ○	**If so, what are your child's needs?**	
School		**Grade**	
Date of Baptism (MM/DD/YYYY)		**Name of Church where Baptized**	
City & State of Baptism			
Date of First Holy Communion (MM/DD/YYYY)		**Name of Church where First Holy Communion received**	
City & State where First Holy Communion received			
Date of Confirmation (MM/DD/YYYY)		**Name of Church where Confirmed**	
City & State where Confirmed			

IMAGE PERMISSION

From time to time, we take pictures during church activities. We would like your permission to use these pictures on our website, in our church bulletin, or any other public media. Pictures will be selected that highlight church activities to promote our church communities. We will not reference you, your spouse or your children by name nor provide any personal or specific information about you, your spouse or your children. If you have any questions regarding this permission, please contact Michele Bays, IT Coordinator at (304)755-0791 or bays@tpwv.org.

Yes ○   I/We grant permission to use images of my/our family on the Tri-Parish West Virginia website, bulletins or other media.

No ○   I/We do not grant permission for images of my/our family to be used.

Please feel free to enter any additional information here.   Additional Notes: