

| NAME | List Your Special Skills | Send me information about organizations listed below |
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Church of the Holy Trinity

775 Main Street

Poughkeepsie, New York 12603



Holy Trinity is a tithing parish. Tithing is a spiritual, private and voluntary method of supporting the important works of the Church which suggests the first 5% of one's gross income goes to the parish and the second 5% to all other charities.



ORGANIZATIONAL ACTIVITIES

- | | | | |
|----|-------------------------|----|--------------------------|
| 01 | Parish Pastoral Council | 11 | Leader of Song |
| 02 | Adult Converts (RCIA) | 12 | Organist |
| 03 | Evangelization | 13 | Adult Choir |
| 04 | Caring Ministry | 14 | Parish Nurse Program |
| 05 | Women's Society | 15 | Religious Ed Catechist |
| 06 | CYO Athletics | 16 | Hospitality Committee |
| 07 | Altar Server | 17 | Baptism Preparation Team |
| 08 | Usher/Greeter | 18 | Lazarus Group |
| 09 | Lector | 19 | Food or Blood Drives |
| 10 | Holy Communion Minister | 20 | Home Visitation to Sick |

Weekly donations can only be recorded through the use of contribution envelopes. Do you wish to receive them to help support the good works of our parish? *Yes/No, Thank You.*

If you have been registered elsewhere and would like us to notify them of your change, please include parish name _____

Would you like someone to contact you to discuss our parish programs, the sacraments or another matter? *Yes/No, Thank You.*

CONFIDENTIAL CENSUS DATA

Please Print All Information

| Office Use Only | |
|-----------------|---------------|
| Family ID | Registry Date |

| Family Name | | Street Address | | | | | Mailing Address (if different) | | | |
|-------------|----------|----------------|-----------|------------|--------|--------------------|--------------------------------|----|----------------------------|--|
| | | | | | | | | | | |
| City | Zip Code | Telephone | Unlisted? | Cell Phone | E-mail | Wife's Maiden Name | Catholic Marriage? | | Date and Place of Marriage | |
| | | | | | | | Yes | No | | |

| FIRST NAME (and Last if different from Family Name) | Middle Initial | A Marital Status (1-6) | B Religion (1-9) | Convert (Y - N) | Gender (M - F) | Birth Date | Baptism (Y - N) | C Attend Church | First Comm (Y - N) | D Receive Comm (1 - 4) | Confirm (Y - N) | E Needs (1 - 7) | Occupation | Employer Name, Address and Phone | |
|--|----------------|------------------------------|------------------------|--------------------|-------------------|------------|--------------------|--------------------|-----------------------|------------------------------|--------------------|-----------------------|---------------------|----------------------------------|------------|
| Head of Household | | | | | | | | | | | | | | | |
| Spouse | | | | | | | | | | | | | | | |
| SINGLE ADULTS OVER AGE 18 | | | | | | | | | | | | | Occupation | Employer or School Address | Gr. |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| CHILDREN UNDER AGE 18 | | | | | | | | | | | | | School Name/Address | Grade | Attend RE? |
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| SPECIAL INSTRUCTIONS Please fill in as much information as possible and return survey form to the Parish Office. This information is strictly confidential. | A MARITAL STATUS 1- Married 2- Single 3- Widowed 4- Separated 5- Divorced 6- Divorced/Remarried | B RELIGION 1- Catholic 2- Orthodox 3- Protestant 4- Jewish 5- Muslim 6- Hindu 7- Buddhist 8- Other | C CHURCH ATTENDANCE 1- Frequently 2- Occasionally 3- Rarely 4- Does Not Attend | D RECEIVING COMMUNION 1- Frequently 2- Occasionally 3- Rarely 4- Does Not Receive | E SPECIAL NEEDS 1- Blind 2- Deaf 3- Emotional Disability 4- Physical Disability 5- Homebound * 6- Need Ride to Mass 7- Would like Home Visit (Anointing/Confession/Communion) | HOMEBOUND LOCATIONS Home Address Hospital Nursing Home Other |
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