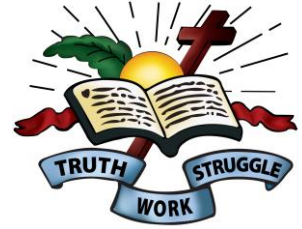




MEMBERSHIP FORM
BLESSED TRINITY PARISH
POLISH NATIONAL CATHOLIC CHURCH
1340 PLYMOUTH AVENUE
FALL RIVER, MASSACHUSETTS 02721



Full Name _____

Address _____

Street

_____ *City*

_____ *State*

_____ *Zip*

Home phone (____) _____ Cell (____) _____

Email: _____

Date of birth _____

Place of birth _____

Date of Baptism (*if unsure give your best guess*) _____

Place of Baptism _____

Date of First Communion (*if unsure – best guess*) _____

Place of First Communion _____

Date of Confirmation (*if unsure – best guess*) _____

Place of Confirmation _____

Date of Marriage _____

Place of Marriage _____

Spouse's name _____

Father's name _____

Mother name (include maiden name) _____

Have you been a member of another PNCC parish _____

which parish/city, state _____

Have you been a member of another denomination _____

which one/ city, state _____

Occupation _____

Past Occupations _____

Prior Marriages _____

Please list the following information about your children

Name	Birth date/Place	Current Residence

Why did you decide to join Blessed Trinity Parish?

Please note –The current financial obligations for membership at Blessed Trinity Parish is \$300.00 per year per adult member if possible. If this is a hardship please see Fr. Rob. The weekly envelopes are a free will contribution separate from the parishioner financial obligation.

Thank you for taking the time to fill out this form.

WELCOME TO OUR PARISH FAMILY!