

Blessed Trinity Cluster Faith Formation Office
119 West Fayette Street
Manchester IA 52057
563.927.4710

Please Print

Student: _____ Age: _____
First Middle Last

Place and Date of Birth: _____

Address: _____ Phone: _____

Parish to which you belong:

Name of Parish

City/State: _____

Church of Baptism: _____ City/State: _____

Date: _____

Baptismal Sponsors:

Father's Name:

First Middle Last

Mother's Name:

First Middle (Maiden) Last

Sacramental Fees \$25.– Total Due \$25.00 per student

For Office Use Only:
Payment: Check# _____ Cash _____ Date _____ Amt. Paid _____ Amount Owed _____