

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:** _____

Email address: _____

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 _____