

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 \_\_\_\_\_