REGISTRATION FORM

Envelope Number/ ID Number (office use only)

_____

Holy Trinity
Catholic Church and School

2926 Beaver Avenue Des Moines IA 50310-4040 515-255-3162
www.holytrinitydm.org parishoffice@holytrinitydm.org

(Please print clearly and complete information)

Registration Date _____

Mailing Name _____ Home Phone _____

Last Name _____ Cell Phone _____

First Names _____ Family Email _____

Address _____ City _____ Zip _____

Permission to publish in Parish Directory? Please check each applicable:

☐ Address _____ ☐ Email _____ ☐ Phone _____ ☐ Unlisted _____

Tithing Preference ACH [ ] Envelopes [ ]

Member Information

Please list sacrament dates if known

Marital Status _____ Marriage Date _____ Church/City/State _____

Male

Name: First _____ Middle _____ Last _____

Birth date _____

Sacramental Information: Catholic _____ Other _____

Baptism _____ 1st Communion _____ Confirmation _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Holy Trinity Alumni _____ Year Graduated _____

Female

Name: First _____ Middle _____ Last _____

Birth date _____

Sacramental Information: Catholic _____ Other _____

Baptism _____ 1st Communion _____ Confirmation _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Holy Trinity Alumni _____ Year Graduated _____

Children Information

Please list sacrament dates if known- For additional children please print information on back

Child's first & middle name (also last if different)	**Gender**	**Birth date**	**Baptism** Date & Location	**Reconciliation**	**Eucharist** Date & Location	**Confirmation** Date & Location	**HT Alum/Year**