

# REGISTRATION FORM



## Holy Trinity

Catholic Church and School

2926 Beaver Avenue Des Moines IA 50310-4040 515-255-3162  
[www.holytrinitydm.org](http://www.holytrinitydm.org) [parishoffice@holytrinitydm.org](mailto: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 \_\_\_\_\_

### Member Information

*Please list sacrament dates if known*

Marital Status \_\_\_\_\_ Marriage Date \_\_\_\_\_ Church/City/State \_\_\_\_\_

<b>Male</b>
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 _____

<b>Female</b>
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	Reconciliation	Eucharist	Confirmation	HT Alum/Year