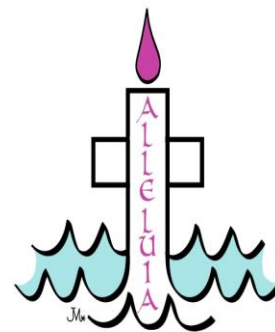




Holy Trinity Sacramental Preparation Baptism Preparation Registration Form 2017-2018



2017	2018
<input type="checkbox"/> Tuesday, August 8th	<input type="checkbox"/> Monday, January 8th
<input type="checkbox"/> Monday, September 11th	<input type="checkbox"/> Saturday, February 10 th
<input type="checkbox"/> Saturday, October 14th	<input type="checkbox"/> Monday, March 5 th
<input type="checkbox"/> Monday, November 6th	<input type="checkbox"/> Saturday, April 14 th
<input type="checkbox"/> Saturday, December 9th	<input type="checkbox"/> Monday, May 7 th
	<input type="checkbox"/> Saturday, June 9 th
<p>Please <input checked="" type="checkbox"/> Date of Session Attending</p> <p>Saturday sessions are 10 am – 12:00 pm</p> <p>Monday/Tuesday sessions are 7:00pm – 9:00 pm</p>	

Attendees Name(s) (Please print clearly.)

_____	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Godmother	<input type="checkbox"/> Godfather
_____	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Godmother	<input type="checkbox"/> Godfather
_____	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Godmother	<input type="checkbox"/> Godfather
_____	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Godmother	<input type="checkbox"/> Godfather

Email Contact: _____

Primary Phone: _____

Last name of child being baptized: _____

Baptism will be held at: ☐ Holy Trinity ☐ Other Parish (Provide contact person, church name and address so we can send your completion letter.)

Contact Name	Church name	Street Address	City	State	ZIP
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Email or fax form to:
Please first "SAVE" to your computer
REAdmin
Email: REAdmin@trinity.org
Fax: 202.337.9048

Mail to:
Holy Trinity Catholic Church
Attn: Baptism Preparation
3513 N St NW
Washington DC 20007

FOR OFFICE USE ONLY	Date Processed:	MM	DD	YY
	Letter Sent:	MM	DD	YY