



HOLY TRINITY CATHOLIC CHURCH

BAPTISM PREPARATION

Registration Form 2018-2019

2018	2019
<input type="checkbox"/> Tuesday, August 7th	<input type="checkbox"/> Monday, January 7th
<input type="checkbox"/> Monday, September 10th	<input type="checkbox"/> Saturday, February 9th
<input type="checkbox"/> Saturday, October 13th	<input type="checkbox"/> Monday, March 4th
<input type="checkbox"/> Monday, November 5th	<input type="checkbox"/> Saturday, April 6th
<input type="checkbox"/> Saturday, December 8th	<input type="checkbox"/> Monday, May 6th
	<input type="checkbox"/> Saturday, June 1st

Please **Date of Session Attending**
Saturday sessions are 10:00 am - 12:00 pm
Monday / Tuesday sessions are 7:00 pm - 9:00 pm

Attendee 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:
Xareny Jackson
readmin@trinity.org
Fax: 202-337-9048

(Please first "SAVE" the file to your computer)

Mail form to:
Holy Trinity Catholic Church
3513 N St. NW
Washington, DC. 20007
Attn: Xareny Jackson



FOR OFFICE USE ONLY	Date Processed :
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