



HOLY TRINITY CATHOLIC CHURCH  
2018-2019 Sacramental Registration Form

I would like to enroll my child in the following Sacrament Preparation Program.

PLEASE MARK THE APPROPRIATE LINE(S)

\_\_\_\_\_Reconciliation    \_\_\_\_\_Eucharist    \_\_\_\_\_Confirmation

STUDENT NAME: \_\_\_\_\_

BIRTH: \_\_\_\_\_  
(Date)                      (City)                      (State)

BAPTISM: \_\_\_\_\_  
(Date)                      (Church)                      (City/State)

FATHER: \_\_\_\_\_  
(Last)                      (First)                      (Middle Initial)

MOTHER: \_\_\_\_\_  
(Last)                      (First)                      (Maiden)

ADDRESS: \_\_\_\_\_  
(Street)                      (City)                      (State)

PHONE: \_\_\_\_\_  
(Home)                      (Work)                      (Cell)

E-MAIL: \_\_\_\_\_

SCHOOL STUDENT ATTENDS: \_\_\_\_\_

WE ARE REGISTERED PARISH MEMBERS AT HOLY TRINITY: \_\_\_ Yes \_\_\_ No \_\_\_ Not Sure

I have completed the above with the understanding that my child and I must attend and successfully complete all retreats, instructional classes and activities as required by the Diocese of Honolulu. I further understand that if the requirements have not been met, reception of sacraments for my child may be deferred until the next program year.

**Complete and return this form, along with a copy of your child’s Baptism Certificate.**

The fee for each sacrament is \$15.00 for materials. Please make your check out to Holy Trinity Church.

Signatures of Parent (s): \_\_\_\_\_ Office Only:

Baptism Cert. Rec’d: \_\_\_\_\_ Fee Rec’d/Waived: \_\_\_\_\_ Date: \_\_\_\_\_ Bank: \_\_\_\_\_ Ck# \_\_\_\_\_ By: \_\_\_\_\_