



HOLY TRINITY CHURCH

5919 Kalanianaʻole Highway, Honolulu, Hawaii 96821
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SACRAMENTAL REGISTRATION

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

_____ Reconciliation

_____ Eucharist

_____ Confirmation

Name: _____ Date of Birth: _____

Address: _____ Age: _____

Phone: _____ E-mail: _____

School: _____ Grade: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Sacrament Received ¹	Date of Sacrament	Parish/Location
Baptism		
Reconciliation		
Holy Communion		

We are registered parish members at Holy Trinity Church. 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.

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

Parent Signature

Today's Date

For Office Use: Received By _____

Amount Paid _____ Cash/Check _____ Date _____

Baptism Certificate Received _____

¹ Please attach copy of Certificate/Document.