

- St. Mary, Manchester
- Immaculate Conception, Masonville
- St. Patrick, Ryan

**Blessed Trinity Cluster**  
 119 Fayette Street  
 Manchester, IA 52057

Today's Date: \_\_\_\_\_  
 Group \_\_\_\_ Env # \_\_\_\_\_

**Registration Form**

**Family Name:**

**Self**

- Male     Female

**Spouse**

- Male     Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Former Parish: \_\_\_\_\_

Baptism: \_\_\_\_\_  
(church, location)

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Former Parish: \_\_\_\_\_

Baptism: \_\_\_\_\_  
(church, location)

Never Married

Divorced

Married  
date, church, location

Widowed  
(spouse, death date)

- Catholic     Baptist     Episcopal     Lutheran
- Methodist     Other Christian     Other \_\_\_\_\_

Confirmed?     Yes     No

- Catholic     Baptist     Episcopal     Lutheran
- Methodist     Other Christian     Other \_\_\_\_\_

Confirmed?     Yes     No

**Dependents**

Name	Sex	Date of Birth	Baptism	First Reconciliation	First Eucharist	Confirmation	Current Grade	Church of Baptism
	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	M / F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Emergency Contact** (who does not live with you)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



# Blessed Trinity Cluster

119 West Fayette Street

Manchester, IA 52057

(563) 927-4710

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

I/We, the undersigned account holder(s), authorize the Blessed Trinity Cluster to initiate electronic debit entries to my/our account indicated below. I/We hereby acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law and rules of National Automated Clearing House Association. This authorization will remain in full force until I/we cancel this authorization in writing at least five (5) business days in advance of the desired termination date.

Name: \_\_\_\_\_ Envelope #: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

Type of Account:    Checking \_\_\_\_\_    Savings \_\_\_\_\_

**(ATTACH VOIDED CHECK OR A PRE-PRINTED SAVINGS DEPOSIT TICKET IF SAVINGS ACCOUNT)**

_____ Date: _____ (Authorized signature for above account)
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Regular Sunday Offering for: (Circle One)

St. Mary, Manchester

Immaculate Conception, Masonville

St. Patrick, Ryan

Amount of each pre-authorized withdrawal: \$ \_\_\_\_\_

Frequency (choose one):

\_\_\_\_\_ Weekly – every Friday (Monday after a legal holiday)

\_\_\_\_\_ Bi-Weekly – every first and third Friday (Monday after a legal holiday)

\_\_\_\_\_ Monthly – Please Select One:

\_\_\_\_\_ First Friday (Monday after a legal holiday)

\_\_\_\_\_ Third Friday (Monday after a legal holiday)

**PLEASE NOTE YOU WILL NO LONGER RECEIVE COLLECTION ENVELOPES.  
SEE BACK IF YOU WISH TO AUTHORIZE DIRECT PAYMENTS FOR SPECIAL COLLECTIONS.**

## SPECIAL COLLECTIONS

**Directions:** If you elect to contribute to the following collections through Direct Payments please:

1. Write in the amount of your pre-authorized donation.
2. If you do not wish to donate to a specific collection, please put an "X" in the space.

**PARISH COLLECTIONS – Debit will occur on the FOURTH Friday of the month indicated.**

<u>COLLECTION</u>	<u>MONTH</u>	<u>AMOUNT</u>
Social Concerns	MONTHLY	\$ _____
Energy Needs (IC Parish)	January	\$ _____
Initial Offering	January	\$ _____
Solemnity of Mary	January	\$ _____
Tuition Assistance (St. Mary School)	January	\$ _____
Tuition Assistance (Religious Ed. Program)	January	\$ _____
Building Fund (St. Patrick)	February	\$ _____
Good Friday	March	\$ _____
Easter	March	\$ _____
A.C.C.W. (Arch. Council of Catholic Women)	April	\$ _____
Doorknob Fund	May	\$ _____
Assumption of Mary	August	\$ _____
Tuition Assistance (St. Mary School)	September	\$ _____
Tuition Assistance (Religious Ed. Program)	September	\$ _____
All Saints	November	\$ _____
Thanksgiving	November	\$ _____
Lord's Acre (IC Parish)	November	\$ _____
Seeds of Hope	November	\$ _____
Immaculate Conception of Virgin Mary	December	\$ _____
Christmas	December	\$ _____
Retirement for Religious	December	\$ _____

# JOIN THE BLESSED TRINITY CLUSTER TEXT CLUB

**For Important  
Alerts And  
Updates!**



powered by **HOMEPAGES**<sup>®</sup>

***Are you a small business owner interested in setting up your own text number? Call us at 800-807-6870***

All messages are standard rate; only message and data rates may apply. Message frequency is no more than 5 per week. To stop receiving messages, text STOP to 36000. For help, text HELP to 36000. All major carriers are supported, including AT&T, Verizon Wireless, Alltel, T-Mobile<sup>®</sup>, Sprint and Nextel, Virgin Mobile USA, Cellular One Dobson, Cincinnati Bell, Centennial Wireless, U.S. Cellular<sup>®</sup>, and Boost.