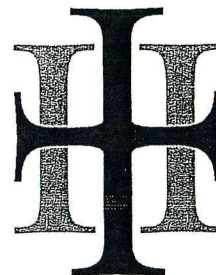


Holy Trinity Parish
515 E. Ponce De Leon Ave.
Decatur, GA 30030
TEL: 404-377-2622
Email: info@htparish.com
Website: www.htparish.com



Reaffirmation of Baptismal Vows Application

Date of Application _____

Full Name _____ Gender (F) (M)

Address _____

City _____ State _____ Zip _____

Telephone: (home) _____ (work) _____

Email: (home) _____ (work) _____

Date of Birth _____

Place of Birth _____

Date of Baptism _____

Place of Baptism _____

(name of church)

(address of church)

Date of Confirmation _____

Place of Confirmation _____

(church)

(address)

Place of Current Church Registration _____

(name)

(address)

Date & Time of Reaffirmation _____

Place of Reaffirmation _____

(church)

(address)

Sponsor _____

Remarks _____

(Revision Date: 11/08/2006)