

# Most Precious Blood Church

22 Prospect St, Angola NY 14006

(716) 549-0420

Today's Date: \_\_\_\_\_

New Registration \_\_\_\_\_ or) Census Update \_\_\_\_\_ Envelope # \_\_\_\_\_

**PLEASE PRINT**

**MAILING INFORMATION (circle one):**    **MR. & MRS.**    **MR.**    **MRS.**    **MS.**    **MISS**

Family Last Name: \_\_\_\_\_ (Sr. Jr. III)

First Name (Head of Household) \_\_\_\_\_ (Spouse) \_\_\_\_\_

Address: \_\_\_\_\_ City, St. ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ UNL?    Y    N    Work Phone: \_\_\_\_\_

**Is there a second residence for part of the year?**    YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, From \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_

Address: \_\_\_\_\_ City, St., ZIP \_\_\_\_\_

**INDIVIDUALS LIVING IN THE HOUSEHOLD (print second sheet if necessary)**

|   |                                     |   |  |                                      |                      |                 |
|---|-------------------------------------|---|--|--------------------------------------|----------------------|-----------------|
|   | <b>TITLE</b>                        | <b>LAST NAME</b>                          | <b>FIRST NAME</b>                        | <b>GENDER</b>                        | <b>DATE OF BIRTH</b> | <b>RELIGION</b> |
|   | <b>E-MAIL</b>                       | <b>CELL</b>                               | <b>OCCUPATION</b>                        | <b>MARITAL STATUS</b>                | <b>GRADE</b>         |                 |
| 1 | <b>BAPTISM<br/>DATE &amp; PLACE</b> | <b>1ST COMMUNION<br/>DATE &amp; PLACE</b> | <b>CONFIRMATION<br/>DATE &amp; PLACE</b> | <b>MARRIAGE<br/>DATE &amp; PLACE</b> |                      |                 |
|   | <b>TITLE</b>                        | <b>LAST NAME</b>                          | <b>FIRST NAME</b>                        | <b>GENDER</b>                        | <b>DATE OF BIRTH</b> | <b>RELIGION</b> |
|   | <b>E-MAIL</b>                       | <b>CELL</b>                               | <b>OCCUPATION</b>                        | <b>MARITAL STATUS</b>                | <b>GRADE</b>         |                 |
| 2 | <b>BAPTISM<br/>DATE &amp; PLACE</b> | <b>1ST COMMUNION<br/>DATE &amp; PLACE</b> | <b>CONFIRMATION<br/>DATE &amp; PLACE</b> | <b>MARRIAGE<br/>DATE &amp; PLACE</b> |                      |                 |
|   | <b>TITLE</b>                        | <b>LAST NAME</b>                          | <b>FIRST NAME</b>                        | <b>GENDER</b>                        | <b>DATE OF BIRTH</b> | <b>RELIGION</b> |
|   | <b>E-MAIL</b>                       | <b>CELL</b>                               | <b>OCCUPATION</b>                        | <b>MARITAL STATUS</b>                | <b>GRADE</b>         |                 |
| 3 | <b>BAPTISM<br/>DATE &amp; PLACE</b> | <b>1ST COMMUNION<br/>DATE &amp; PLACE</b> | <b>CONFIRMATION<br/>DATE &amp; PLACE</b> | <b>MARRIAGE<br/>DATE &amp; PLACE</b> |                      |                 |
|   | <b>TITLE</b>                        | <b>LAST NAME</b>                          | <b>FIRST NAME</b>                        | <b>GENDER</b>                        | <b>DATE OF BIRTH</b> | <b>RELIGION</b> |
|   | <b>E-MAIL</b>                       | <b>CELL</b>                               | <b>OCCUPATION</b>                        | <b>MARITAL STATUS</b>                | <b>GRADE</b>         |                 |
| 4 | <b>BAPTISM<br/>DATE &amp; PLACE</b> | <b>1ST COMMUNION<br/>DATE &amp; PLACE</b> | <b>CONFIRMATION<br/>DATE &amp; PLACE</b> | <b>MARRIAGE<br/>DATE &amp; PLACE</b> |                      |                 |

Indicate below if any member of your household would like to be contacted to participate in parish groups and ministries:

INTERESTED MEMBER NAME                      PHONE

**PARISH MINISTRIES:**

Altar Server

Funeral Server

Eucharistic Minister

Helping Hands Bereavement

Lector

RCIA Catechist

Usher

Faith Formation Catechist

**SPECIAL INTERESTS AND TALENTS:**

Children's Liturgy

Concert Committee

Gardens Maintenance Committee

Faith Formation Catechist

Youth Group

Scripture Study Group

**PARISH SOCIETIES AND ORGANIZATIONS:**

Holy Name Society

Rosary & Altar Society

Respect Life Committee

Ladies of Charity

RCIA Team

St. Vincent de Paul Society

**Special Needs/ Handicap Considerations:**

If any member of your household is handicapped, homebound or in need of any special consideration please explain how we can help. All information will be kept confidential