Most Precious Blood Church

22 Prospect St, Angola NY 14006 (716) 549-0420

	Today's Date:								
	New Registration	w Registration or) Census Update		Envelope #					
ı	PLEASE PRINT								
		MAILING INFORMATION (circle one): MR. & MRS.				ISS			
		amily Last Name:							
	First Name (Head of House								
ı		City, St. ZIP							
	s there a second residence for part of the year? Yes N0								
	yes, From//20 To//20								
	Address: City, St., ZIP								
	Home Phone: UNL? Y N Work Phone:								
		IDIVIDUALS LIVING IN THE HOUSEHOLD (print second sheet if necessary)							
	TITLE LAST NAMI	E FIRST NA	ME	GENDER	DATE OF BIF	RIH KEI	LIGION		
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4	BAPTISM	1ST COMMUNION		CONFIRM	ATION	MARF	RIAGE		
	DATE & PLACE	DATE & PLACE		DATE & F		DATE & P			

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							
Worship Committee							
Concert Committee							
Prayer Garden Maintenance Committee							
Youth Group							
Folk Group							
Scripture Study Group							
PARISH SOCIETIES AND ORGANIZATIONS:							
Holy Name Society							
Rosary & Altar Society							
Knights of St. John							
Respect Life Committee							
Sisters in Christ							
Legion of Mary							
Ladies of Charity							
Outreach Committee							
RCIA Team							
St. Vincent de Paul Society							
Special Needs/ Handicap Considerations: If any member of your household is handicapped, home explain how we can help. All information will be kept con		deration please					
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