



BUKAS-LOOB sa DIYOS

(Open in Spirit to God)

Catholic Charismatic Covenant Community

Rochester, New York



Personal Information Sheet

First Name	Last Name	Middle Initial	Nickname
------------	-----------	----------------	----------

Birth Date: (mm/dd/yyyy)	Status: <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Single w/ children	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Separated	<input type="checkbox"/> Single Caregiver	

Address: Number/Street	City	Zip Code
------------------------	------	----------

Phone Number Mobile: Land Line:	Email Address: (Please write clearly)
---------------------------------------	---------------------------------------

Occupation:

Are you a member of BLD Community?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES: ME# _____ LSS# _____ Others: _____		

Names of children / Care Recipient	Age	Phone Number
1.		
2.		
3.		
4.		

Hobbies/Interests:

Medical Information:		
Any Allergies/Special Diet? If YES, please specify:		
Person to Notify in case of emergency:	Relationship:	Phone number:
Family Physician:		Phone number:
Do you need a ride to and from St. Patrick's Church in Victor, NY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Signature: _____ Date: _____

<https://www.bldrochesterny.org>
If you have any questions please call or email
Father Edison Tayag fr.edison.tayag@dor.org (585) 924-7111



SCAN ME