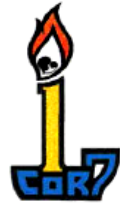




Bukas Loob sa Diyos
(Open in Spirit to God)
Catholic Charismatic Covenant Community
Rochester District



PERSONAL INFORMATION SHEET

First Name	Last Name	Middle Initial	Nickname
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Birth Date: (mm/dd/yyyy)	Status: <input type="checkbox"/> Widow(er) <input type="checkbox"/> Single with Children <input type="checkbox"/> Separated <input type="checkbox"/> Single Caregiver <input type="checkbox"/> Divorced
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Address: Street	City	Postal Code
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Cell Phone Number	E-mail Address
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Occupation:

Are you a member of the BLD Covenant Community: Yes No
If Yes: ME# _____ LSS # _____ Others: _____

Names of Children / Care-Recipient:	Age	Phone Number
1.		
2.		
3.		

Hobbies/Interests:

Medical Information

1. Any allergies/special diet? If yes, please specify:

2. Persons to notify in case of emergency: (Name/Relationship/Phone Number)

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3. Family Physician: (Name/Phone Number)

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Do you need a ride to and from St. Patrick's Church in Victor, NY: Yes No