

# New Parishioner Registration Form

## Welcome to Precious Blood Catholic Church!

### Address

Apartment	Street Address		
City, State		Zip Code	Home Phone

### Parishioner 1

Male  Female

First Name	Surname	Birthdate (MM-DD-YYYY)	
Email Address	Cell Phone	Anniversary Date (MM-DD-YYYY)	

### Parishioner 2

Male  Female

First Name	Surname	Birthdate (MM-DD-YYYY)	
Email Address	Cell Phone		

### Dependent Children

*(Self-supporting adults living at home should complete a separate form. If more space is needed, please use an additional form.)*

First Name	Surname	Birthdate (MM-DD-YYYY)	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name	Surname	Birthdate (MM-DD-YYYY)	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name	Surname	Birthdate (MM-DD-YYYY)	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name	Surname	Birthdate (MM-DD-YYYY)	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>

*Due to privacy issues, we are not asking for the email addresses or phone numbers of anyone under the age of 18.*

### Ministry Service

If you would like to be involved in any parish ministries, please contact the Parish Office to obtain and complete a Stewardship Form. Phone: 270 684 6888

### Financial Commitment

Would you like a boxed set of contribution envelopes or to sign-up for automatic bank withdrawals?  
 \_\_\_\_\_ (if you indicate yes, someone from the parish office will contact you)

### Sacramental Needs

Please let us know if you have any sacramental needs (a baby that needs to be baptized, or a marriage that needs to be validated, for instance.) \_\_\_\_\_