

Blessed Sacrament Church

Registration Form

Family Name _____ Date: _____ Church use: ID #- _____ Date entered/by who _____

Address _____

Landline phone: _____ Cell phone Adult #1: _____ Cell phone Adult #2: _____

Email Adult #1: _____ Email Adult #2: _____

List only those living with you (include Last name if different)	Date of Birth	Place of Birth	Catholic yes/no	Baptism Where/when?	1 st comm. Where/when?	Confirmation Where/when?	Occupation
Adult #1							
Adult #2							
Child #1							
Child #2							
Child #3							
Others Living with You and How related							

WeShare is our online giving program please check if interested: Yes ___ or No ___ (<https://blessedsacramentsyracuse.weshareonline.org>)

Does the Family want envelopes: Yes ___ Please check which ones: Weekly ___ Monthly ___ Quarterly ___

Does any family member have any special needs? (ie: hearing impaired, homebound, wheelchair, etc): _____

What brings you to Blessed Sacrament at this time? _____

Time/Talent/Treasure Please list talents & skills that you would like to share with the parish? _____

Would you or anyone in your household like additional information about parish ministries or volunteer programs? _____