



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

Address: Number/Street	City	Zip Code
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Phone Number Mobile: Land Line:	Email Address: (Please write clearly)
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Occupation:
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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:
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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](mailto:fr.edison.tayag@dor.org) (585) 924-7111

