

Blessed Sacrament
 2409 Dixie Highway
 Ft. Mitchell, KY 41017

parish@bsc.org
 (859) 331-4302 x 10

Family Name		Envelope #:		Address		City, State		Zip		Date Registered	
Phone:		Unlisted Y / N		Primary E-Mail:		Own or Rent Home:					
Title		First Middle		Date Married		Marriage performed by		Date of Birth		Religion	
Gender		Maiden Name		Date Married		Marriage performed by		Date of Birth		Religion	
Where Baptized		Baptism Date		City where Married		Parish Registered		Parish Attend		Religion Baptized	
Head:		Spouse:		Head:		Spouse:		Head:		Spouse:	
Cell Phone		Work Phone		Email		Attend Mass Regularly / Occasionally / Never					
Occupation		Employer		Talents / Skills		Grade		Language		Ethnicity	
Others at this address		Date of Birth		Gender		Relationship		Date and Place of Baptism		First Comm	
Lastname, Firstname, Middle		Date of Birth		Gender		Relationship		Date and Place of Baptism		First Comm	
Attend CCD		Religion		Name of School / Home School / or Employer		Grade Level		Ethnicity			

If you have preschool children:
 Do you intend sending them to Parish School? Yes ___ No ___
 If you have specific skills:
 Would you be willing to help occasionally? Yes ___ No ___
 Are there homebound children/adults in the household? Yes ___ No ___
 Would it be helpful to have a pastoral contact? Yes ___ No ___
 Does Mass present a problem for any member of the household?
 i.e. transportation, illness, no one to stay with homebound ... Explain
 Is there any other way in which the parish could assist?
 i.e. communion call, parish visitor, receive parish bulletin, etc