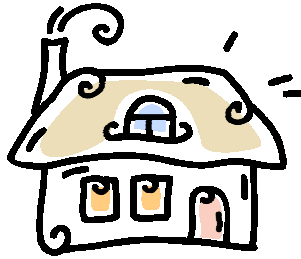
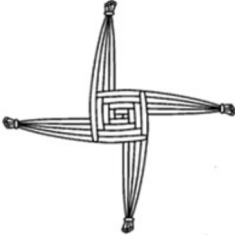


St. Brigid Catholic Community

Home Blessing Ministry



_____ Yes, I would like to have my home blessed.

_____ Today's Date

Please fill out completely and print clearly:

Name: _____

Are you a registered parishioner? No: _____ Yes: _____ No: _____

Address: _____

Zip Code: _____ Subdivision: _____

Closest Intersection: _____

If Apartment:

Name of Complex: _____

Building #: _____ Floor #: _____ Apt. #: _____

You will be contacted for an appointment. Your preferred Method: Phone _____ Email _____

Home Telephone: _____ Cell: _____ (Same _____)

Email Address: _____

*What is the best time to reach you? _____ am/pm

For Pastoral Use Only:

Date Request Rec'd: _____ By: _____ (Staff)

Date Contacted: _____ By Whom: _____ (HB Team)

Date of Home Blessing: _____ Completed by: _____ (HB Team)