

Lay Missionaries of the Gospel of Life Registration Form

This form may be filled out online at www.priestsforlife.org/missionary

Please print and provide us with your full contact information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____

Evening Phone: _____

Fax Number: _____

Email: _____

Website: _____

Please provide any additional or alternate contact information.

What is the name and address of the parish/church to which you belong?

How and when did you first hear about this new Society and Lay Membership?

Have you done church related work? _____ Yes _____ No

If yes, please explain as fully as possible.

Over

Have you been involved in pro-life activities or specific groups within the pro-life movement? ____Yes ____No

If yes, please explain as fully as possible.

What kind of pro-life activities are you most eager to do in the future?

How much time can you devote to pro-life activities?

_____Days and/or _____Hours per week

Are you married or single?

What is your age?

What is your occupation?

Mail this form to:
Priests for Life
Attn: John Fagundes
PO Box 141172
Staten Island, NY 10314
You may also: Fax it to: 413-803-0073
or Email: Missionary@priestsforlife.org
Phone: 1.888.735.3448