Please Print New Member Regist	ration Form	Office	e Use		
Family Last Name		Envelo	ope #	Input Da	ate
Address		Welco	Welcome Info Registration Date		
City State ;	Zip	Marita	al Statue		
Primary Telephone Number		Walita			Divorced, Widowed)
Family Email	\mathbf{MAR}	Y Weddi	ing Date		
Check the box if you do not wish to receive emails from MMC	Mother of the Ch	hurch			
Adult #1					
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Dependent :	#3 (Living in Home)	Relationship:	Child	Grandchild	Parent	Sibling	Other	deale-de-deale-de-ale-d	
First Name			M	liddle		Last (If different)		
Gender	Birth Date		Cell Pho	ne		Email			
Religion			·	Sacraments	Received: (Check	if Applicable) Bap	tism	_ Eucharist	Confirmation
Dependent :	#4 (Living in Home)	Relationship:	Child	Grandchild	_ Parent	Sibling	Other		
First Name		 	M	liddle		Last (If different)		
Gender	Birth Date		Cell Pho	ne	· · · · · · · · · · · · · · · · · · ·	Email			
Religion				Sacraments	Received: (Check	if Applicable) Bap	tism	_ Eucharist	Confirmation
Dependent a	#5 (Living in Home)	Relationship:	Child	Grandchild	Parent	Sibling	Other		
First Name _			M	iddle		Last (If different)		
Gender	Birth Date		Cell Pho	ne		Email			
Religion				Sacraments	Received: (Check	if Applicable) Bap	tism	_ Eucharist	Confirmation
Dependent 7	#6 (Living in Home)	Relationship:	Child	Grandchild	Parent	Sibling	Other	· (1-11 · 2-11 ·	
First Name			M	liddle		Last (If different)		esterbei o loci a l'estretretre l'estretretre de l'estretre l'estretre l'estretre l'estretre l'estretre l'estr
Gender	Birth Date		Cell Pho	ne		Email			
Religion	la kada kada la da akada kada la da akada da ak	distribution of the state of th		Sacraments	Received: (Check	if Applicable) Bap	tism	_ Eucharist	Confirmation
I !k		and the company	F21. 11			-f l -f l			
	ed in inquiring abo Phone Number	ut the Catholic	raith. I f	iave some addition	ai questions an	a would welco	ome a pnone	call or visit.	

Mary, Mother of the Church 3333 Cliff Rd E Burnsville, MN 55337 Phone 952-890-0045

Fax 952-890-0789

