Please Print New Member Regist	ration Form	Office	e Use			
Family Last Name		Envelo	ope #	Input Da	ate	
Address		Welco	me Info	nfo 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						
First Name Mide	dle Last (If diffe	rent)		Maide	n	
Gender Birth Date C	Cell Phone	Email				
Primary LanguageO	Occupation		Employer			
	Sacraments Received: (Check	if Applicable) Baptism	Eu	ıcharist	Confirmation	
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Adult #2 First Name Mide Gender Birth Date O Primary Language O	dleLast (If diffe	Email				
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Dependent #	#3 (Living in Home)	Relationship:	Child	Grandchild	Parent	Sibling	Other			
First Name _		Middle				Last (If different)				
Gender	Birth Date		Cell Phone			Email				
Religion				Sacraments R	eceived: (Check	if Applicable) Bapt	tism	Eucharist	Confirmation	
	#4 (Living in Home)									
									Confirmation	
First Name _			Midd	le		Last (If different)				
								•	Confirmation	
First Name _	#6 (Living in Home) Birth Date		Midd	le		Last (If different)				
									Confirmation	
I am interested in inquiring about the Catholic Faith. I have some additional questions and would welcome a phone call or visit. Name and Phone Number										

Please email to jsauter@mmotc.org or turn in to the Parish Office

Mary, Mother of the Church
3333 Cliff Rd E
Burnsville, MN 55337
Phone 952-890-0045 Fax 952-890-0789



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