

Please Print

New Member Registration Form



Family Last Name _____

Address _____

City _____ **State** _____ **Zip** _____

Primary Telephone Number _____

Family Email _____

Check the box if you do not wish to receive emails from MMOTC

Office Use

Envelope # _____ Input Date _____

Welcome Info _____ Registration Date _____

Marital Status _____

(Married, Single, Divorced, Widowed)

Wedding Date _____

Adult #1

First Name _____ **Middle** _____ **Last (if different)** _____ **Maiden** _____

Gender _____ **Birth Date** _____ **Cell Phone** _____ **Email** _____

Primary Language _____ **Occupation** _____ **Employer** _____

Religion _____ **Sacraments Received: (Check if Applicable)** **Baptism** _____ **Eucharist** _____ **Confirmation** _____

Adult #2

First Name _____ **Middle** _____ **Last (if different)** _____ **Maiden** _____

Gender _____ **Birth Date** _____ **Cell Phone** _____ **Email** _____

Primary Language _____ **Occupation** _____ **Employer** _____

Religion _____ **Sacraments Received: (Check if Applicable)** **Baptism** _____ **Eucharist** _____ **Confirmation** _____

Dependent #1 (Living in Home) **Relationship:** **Child** _____ **Grandchild** _____ **Parent** _____ **Sibling** _____ **Other** _____

First Name _____ **Middle** _____ **Last (if different)** _____

Gender _____ **Birth Date** _____ **Cell Phone** _____ **Email** _____

Religion _____ **Sacraments Received: (Check if Applicable)** **Baptism** _____ **Eucharist** _____ **Confirmation** _____

Dependent #2 (Living in Home) **Relationship:** **Child** _____ **Grandchild** _____ **Parent** _____ **Sibling** _____ **Other** _____

First Name _____ **Middle** _____ **Last (if different)** _____

Gender _____ **Birth Date** _____ **Cell Phone** _____ **Email** _____

Religion _____ **Sacraments Received: (Check if Applicable)** **Baptism** _____ **Eucharist** _____ **Confirmation** _____

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 Received:** (Check if Applicable) **Baptism** ___ **Eucharist** ___ **Confirmation** ___

Dependent #4 (Living in Home) **Relationship:** Child ___ Grandchild ___ Parent ___ Sibling ___ Other ___

First Name _____ **Middle** _____ **Last** (If different) _____

Gender ___ **Birth Date** _____ **Cell Phone** _____ **Email** _____

Religion _____ **Sacraments Received:** (Check if Applicable) **Baptism** ___ **Eucharist** ___ **Confirmation** ___

Dependent #5 (Living in Home) **Relationship:** Child ___ Grandchild ___ Parent ___ Sibling ___ Other ___

First Name _____ **Middle** _____ **Last** (If different) _____

Gender ___ **Birth Date** _____ **Cell Phone** _____ **Email** _____

Religion _____ **Sacraments Received:** (Check if Applicable) **Baptism** ___ **Eucharist** ___ **Confirmation** ___

Dependent #6 (Living in Home) **Relationship:** Child ___ Grandchild ___ Parent ___ Sibling ___ Other ___

First Name _____ **Middle** _____ **Last** (If different) _____

Gender ___ **Birth Date** _____ **Cell Phone** _____ **Email** _____

Religion _____ **Sacraments Received:** (Check if Applicable) **Baptism** ___ **Eucharist** ___ **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 _____

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



Fax 952-890-0789

For more information visit our website at
www.mmotc.org
 "Like" us on Facebook
www.facebook.com/marymotherofthechurch?ref=hl