Please Print New Member Registration	Form	Office Use			
Family Last Name		Envelope #	Envelope # Input Date		
Address		Welcome Info	fo Registration Date		
City State Zip		Marital Status			
Primary Telephone Number		Marital Status		, Divorced, Widowed)	
Family Email	MARY	Wedding Date			
Check the box if you do not wish to receive emails from MMOTC	Mother of the Church				
Adult #1					
First Name Middle	Last (If different)		Maiden		
Gender Birth Date Cell Phon	ne En	nail			
Primary LanguageOccupation	on	Employer			
B. I	_ Sacraments Received: (Check if Applicable	Baptism	Eucharist	Confirmation	
Adult #2 First Name Middle	Last (If different)			en	
Adult #2  First Name Middle  Gender Birth Date Cell Phon  Primary Language Occupation	Last (If different)En	nail			
Adult #2  First Name Middle  Gender Birth Date Cell Phon	Last (If different)En	nail Employer			
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Adult #2  First Name Middle  Gender Birth Date Cell Phon  Primary Language Occupation  Religion	Last (If different)  DeEn  OnSacraments Received: (Check if Applicable)	nail Employer  Baptism	Eucharist	Confirmation	
Adult #2  First Name Middle  Gender Birth Date Cell Phon  Primary Language Occupation  Religion  Dependent #1 (Living in Home) Relationship: Child	Last (If different)  — En  — Sacraments Received: (Check if Applicable)  — Grandchild — Parent — Sik	Employer Baptism Other	Eucharist	Confirmation	
Adult #2  First Name Middle  Gender Birth Date Cell Phon  Primary Language Occupation  Religion	Last (If different)  — En  — Sacraments Received: (Check if Applicable)  — Grandchild — Parent — Sibliddle — Lo	Employer  Baptism  Other  Other	Eucharist	Confirmation	
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Adult #2  First Name Middle  Gender Birth Date Occupation  Primary Language Occupation  Religion  Dependent #1 (Living in Home) Relationship: Child  First Name M  Gender Birth Date Cell Phore  Religion  Dependent #2 (Living in Home) Relationship: Child	Last (If different)  Last (If different)  En  Con  Sacraments Received: (Check if Applicable)  Grandchild Parent Sible  Iddle En  Sacraments Received: (Check if Applicable)  Grandchild Parent Sible  Grandchild Parent Sible	Employer  Baptism  Other  Other  Other  Other  Other  Other  Other	Eucharist	Confirmation	
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Dependent #	#3 (Living in Home)	Relationship:	Child	Grandchild	Parent	Sibling	Other		
First Name _			Mid	dle		Last (If different	:)		
Gender	Birth Date		Cell Phone			Email			
Religion			× 1- × 1- × 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	Sacraments	Received: (Check	if Applicable) Bap	tism	_ Eucharist	Confirmation
Dependent #	#4 (Living in Home)	Relationship:	Child	Grandchild	_ Parent	Sibling	Other	deales is the deales of the de	
First Name _			Mid	dle	·	Last (If different	:)		
Gender	Birth Date		Cell Phone			Email			
Religion				Sacraments	Received: (Check	if Applicable) Bap	otism	_ Eucharist	Confirmation
First Name _			Mid	dle		Last (If different			
Gender	Birth Date		Cell Phone			Email			a kankan kaciya ni sakan kaciya ni sakan kacika ka kankan ka
Religion				Sacraments	Received: (Check	if Applicable) Bap	tism	_ Eucharist	Confirmation
Dependent #	#6 (Living in Home)	Relationship:	Child	Grandchild	_ Parent	Sibling	Other		
First Name _			Mid	dle		Last (If different	e)		aleska keska keka keka keka keka keka keka
Gender	Birth Date		Cell Phone			Email		akon beskenleske beskenleske beskenleske House akon beskenles	a kayka ka da a kayka da a kayka da a kayka da aka ka da a kayka da a kayka da a kayka da a da
Religion				Sacraments	Received: (Check	if Applicable) Bap	tism	_ Eucharist	Confirmation
l am interest	ed in inquiring abo	out the Catholic	Faith. I hay	ve some addition	al auestions an	d would welc	ome 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



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