



OUR LADY OF THE MIRACULOUS MEDAL CATHOLIC PARISH

Rev. Tim McCauley, Pastor

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NEW PARISHIONER REGISTRATION FORM

Family Name _____

(First Names) Mrs. _____ Mrs./Ms/Miss _____

Mailing Address _____
Street Box No. City Postal Code

Home Telephone # _____ Work # _____

Email Address: _____

CHILDREN

Name	Date of Birth	School
1. _____		
2. _____		
3. _____		
4. _____		

Parish Envelope Box: Yes No

Name to appear on income tax receipt: _____

Automatic Withdrawal: Yes No