GOD-PARENT/ GOD-CHILD APPLICATION

(Please fill out this form, if you would like to become a God-child or God-parent. If you have any questions, please call 575-323-0748. Upon your submittance, we will match you with someone within two weeks, and get you all connected! Thank you for being a part of our ministry!)

NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAJOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT YOU WOULD LIKE YOUR GOD-PARENT(S) OR GOD-CHILD TO KNOW ABOUT YOU:

(Your favorite things to do, favorite music, food, where you are from.)

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PLEASE SEND IN BY MAIL: 4184 P.O. Box Las Cruces NM 88005

OR EMAIL INTO [wesleynmsu@gmail.com](mailto:wesleynmsu@gmail.com)