



Pax Christi Catholic Church Member Registration
 4135 18th Avenue NW Rochester, MN 55901 (507) 282-8542

Please print clearly
 using blue or black ink.

Adult #1 _____
 Last Name First Name Middle Male/female

Adult #2 _____
 Last Name First Name Middle Male/female

Address _____
 Street City State Zip

Preferred _____
 Communication phone Email

Married Single Engaged Widowed Other

Previous Parish _____
 Name City & State

Last Name _____
 First _____

Adult #1 Preferred Name _____	(Maiden Name-female only) _____	Date of Birth (MM/DD/YY) _____	Religion (Catholic?) _____
Sacraments received? Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>		Married? YES NO _____	
Date _____			
occupation _____		employer _____	
Home # _____		Cell # _____	
Email _____			

Office Use

Adult #1 Preferred Name _____	(Maiden Name-female only) _____	Date of Birth (MM/DD/YY) _____	Religion (Catholic?) _____
Sacraments received? Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/>		Married? YES NO _____	
Date _____			
occupation _____		employer _____	
Home # _____		Cell # _____	
Email _____			

Pax Christi is a vibrant, active parish and depends on vibrant, active members.
By signing below, you are agreeing to actively support your parish through participating in liturgies and through sharing your time, talent, and treasure. Thank you.

Signature _____ Date _____

Signature _____ Date _____

Complete back for children/dependents

Children/Dependents

Those age 21 and over are encouraged to register as independent adults.

_____	_____	_____
First	Middle	Last
_____	_____	_____
Date of Birth (MM/DD/YY)	Religion (Catholic?)	male/female
Sacraments received?		
Baptism <input type="checkbox"/>	Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
_____	_____	_____
School	Grade	

_____	_____	_____
First	Middle	Last
_____	_____	_____
Date of Birth (MM/DD/YY)	Religion (Catholic?)	male/female
Sacraments received?		
Baptism <input type="checkbox"/>	Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
_____	_____	_____
School	Grade	

_____	_____	_____
First	Middle	Last
_____	_____	_____
Date of Birth (MM/DD/YY)	Religion (Catholic?)	male/female
Sacraments received?		
Baptism <input type="checkbox"/>	Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
_____	_____	_____
School	Grade	

_____	_____	_____
First	Middle	Last
_____	_____	_____
Date of Birth (MM/DD/YY)	Religion (Catholic?)	male/female
Sacraments received?		
Baptism <input type="checkbox"/>	Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
_____	_____	_____
School	Grade	

_____	_____	_____
First	Middle	Last
_____	_____	_____
Date of Birth (MM/DD/YY)	Religion (Catholic?)	male/female
Sacraments received?		
Baptism <input type="checkbox"/>	Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
_____	_____	_____
School	Grade	

_____	_____	_____
First	Middle	Last
_____	_____	_____
Date of Birth (MM/DD/YY)	Religion (Catholic?)	male/female
Sacraments received?		
Baptism <input type="checkbox"/>	Communion <input type="checkbox"/>	Confirmation <input type="checkbox"/>
_____	_____	_____
School	Grade	

Additional information (interests, talents, former ministries, etc.)

I give consent for my child(ren) listed above to be photographed for parish publicity.

Signature

Date