



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

Please print clearly
 using blue or black ink.

Last Name _____

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

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 _____			

Adult #2 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

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