



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

Primary Phone

Primary Email

- Married Single Engaged Widowed Other

Previous Parish _____
 Name City & State

Adult #1 preferred name	Maiden (female only)	Date of Birth (MM/DD/YY)	Religion (Catholic?)
Sacraments received?			
Baptism	Communion	Confirmation	Married - Date _____
occupation		employer	
Cell #		Email	

Adult #2 preferred name	Maiden (female only)	Date of Birth (MM/DD/YY)	Religion (Catholic?)
Sacraments received?			
Baptism	Communion	Confirmation	Married - Date _____
occupation		employer	
Cell #		Email	

My preferred method of financial support

Weekly envelopes Monthly envelopes Online Giving * Direct Donation *
* no envelopes will be printed (request a form)

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 _____

Complete back for children/dependents →

Last _____
 First _____
 Parish Soft _____
 Hospitality Packet _____
 # _____

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	Communion	Confirmation
_____ School		_____ Grade

_____ First	_____ Middle	_____ Last
_____ Date of Birth (MM/DD/YY)	_____ Religion (Catholic?)	_____ Male/female
Sacraments received?		
Baptism	Communion	Confirmation
_____ School		_____ Grade

_____ First	_____ Middle	_____ Last
_____ Date of Birth (MM/DD/YY)	_____ Religion (Catholic?)	_____ Male/female
Sacraments received?		
Baptism	Communion	Confirmation
_____ School		_____ Grade

_____ First	_____ Middle	_____ Last
_____ Date of Birth (MM/DD/YY)	_____ Religion (Catholic?)	_____ Male/female
Sacraments received?		
Baptism	Communion	Confirmation
_____ School		_____ Grade

_____ First	_____ Middle	_____ Last
_____ Date of Birth (MM/DD/YY)	_____ Religion (Catholic?)	_____ Male/female
Sacraments received?		
Baptism	Communion	Confirmation
_____ School		_____ Grade

_____ First	_____ Middle	_____ Last
_____ Date of Birth (MM/DD/YY)	_____ Religion (Catholic?)	_____ Male/female
Sacraments received?		
Baptism	Communion	Confirmation
_____ School		_____ Grade

Additional Information (interest, talents, former ministries, etc.)

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

Signature _____ Date _____