

## Parish Registration

Date: \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND  
NOTIFY YOUR PRIOR CHURCH OF YOUR MEMBERSHIP HERE

Family Last Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_ (For Sacramental Records)

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First Name & Middle Initial	Gender	Religion	Occupation	Birth Date	I am Placing Membership (Check Yes or No)	Current Status (Please Check)
_____	_____	_____	_____	_____	Yes      No	MARRIED
HEAD OF HOUSEHOLD						SINGLE
_____	_____	_____	_____	_____	Yes      No	DIVORCED
SPOUSE						SEPARATED
						WIDOWED

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (HEAD OF HOUSEHOLD)      Cell Phone: \_\_\_\_\_ (SPOUSE)

Email: \_\_\_\_\_ (HEAD OF HOUSEHOLD)

Email: \_\_\_\_\_ (SPOUSE)

Please star (\*) the preferred phone number(s) & email(s) above.

### CHILDREN (18 YEARS & YOUNGER OR IN SCHOOL) LIVING WITH YOU

Full Name	Gender	Religion	Birth Date	Grade in School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please complete the separate FaithWalk Registration Form for children in preschool through 12th grade.  
Participation in FaithWalk is required for Sacramental Preparation.

Additional Comments: (i.e. foster children, other adults living with you etc.)

\_\_\_\_\_

Are all adults in the household Confirmed?    Yes    No

If not, would they like to speak to someone about learning more about Confirmation & our RCIA program?

Yes    No    If YES, please provide: Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Would you like a call or visit from our Parish Leadership?    \_\_\_Yes    \_\_\_ No    If YES, please provide your number and best time to reach you. \_\_\_\_\_

Please note any special needs you would like to share with Parish Leadership: \_\_\_\_\_

**Regarding Catholic Stewardship; Time, Talent, and Treasure...**

Becoming involved (even a little) is a wonderful way to meet other parishioners and help your church while gaining personal growth in your Catholic Faith. We invite you to check the Ministries in which you might be interested. A Ministry Leader will reach out to you to help you become engaged in our parish or answer questions you may have. Showing interest does not commit you.

**Formation/Education:**

- Adult Catechist
- Children's Catechist
- RCIA Team
- Vacation Bible School
- Youth Group
- Other Ministry you may like to discuss starting \_\_\_\_\_

**Christian Service:**

- Bereavement
- Funeral Food Ministry
- Other Social Service as Needs Arise

**Liturgical:**

- Altar Server
- Arts & Environment
- Assembly Minister/Usher
- Choir
- Extraordinary Minister of Holy Communion
- Hospitality
- Homebound/Sick Communion Ministry
- Instrument or Piano: Please note which instrument (s) you play: \_\_\_\_\_
- Lector
- Technical—lighting/sound/video/editing etc.

**Parish Life:**

- Clerical/Office
- Gardening/Landscaping
- Social Events Planning

Please note your Ministry Experience: \_\_\_\_\_

What is your estimated financial commitment to Pax Christi?    \_\_\_\_\_ per week    \_\_\_\_\_ per month

We are glad you chose Pax Christi Catholic Church to call your church home. We strive to be a parish who welcomes all of God's children. Briefly tell us what you hope to gain from your Pax Christi membership (i.e. sense of community, sacramental preparation, etc.)

Please tell us briefly why you chose Pax Christi: \_\_\_\_\_