

**FAMILY / HOUSEHOLD MEMBERS** (Please PRINT)*For Children: Please do not include any Email address or phone numbers***A. Primary / Contact Person for the Household**

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Birthdate: M\_\_\_/D\_\_\_/Y\_\_\_\_\_ Gender: ☐ M ☐ F  
Email Address: \_\_\_\_\_ Phone/Cell: (\_\_\_\_) \_\_\_\_\_ Phone ☐ Work or ☐ Home (\_\_\_\_) \_\_\_\_\_  
Catholic: ☐ Yes ☐ No Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower ☐ Remarried  
Sacraments – Check All that Apply ☐ Baptism ☐ Confirmation ☐ 1<sup>ST</sup> Confession ☐ 1<sup>st</sup> Communion Catholic Marriage: ☐ Yes ☐ No  
Occupation (If military, please designate military branch): \_\_\_\_\_

**B. Family / Household Member – Check one**☐ Spouse ☐ Child (No Email or Phone) ☐ Other \_\_\_\_\_

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Birthdate: M\_\_\_/D\_\_\_/Y\_\_\_\_\_ Gender: ☐ M ☐ F  
Email Address: \_\_\_\_\_ Phone/Cell: (\_\_\_\_) \_\_\_\_\_ Phone ☐ Work or ☐ Home (\_\_\_\_) \_\_\_\_\_  
Catholic: ☐ Yes ☐ No Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower ☐ Remarried  
Sacraments – Check All that Apply ☐ Baptism ☐ Confirmation ☐ 1<sup>ST</sup> Confession ☐ 1<sup>st</sup> Communion Catholic Marriage: ☐ Yes ☐ No  
Occupation (If military, please designate military branch): \_\_\_\_\_

**C. Family / Household Member – Check one**☐ Child (No Email or Phone) ☐ Other \_\_\_\_\_

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Birthdate: M\_\_\_/D\_\_\_/Y\_\_\_\_\_ Gender: ☐ M ☐ F  
Email Address: \_\_\_\_\_ Phone/Cell: (\_\_\_\_) \_\_\_\_\_ Phone ☐ Work or ☐ Home (\_\_\_\_) \_\_\_\_\_  
Catholic: ☐ Yes ☐ No Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower ☐ Remarried  
Sacraments – Check All that Apply ☐ Baptism ☐ Confirmation ☐ 1<sup>ST</sup> Confession ☐ 1<sup>st</sup> Communion Catholic Marriage: ☐ Yes ☐ No  
Occupation (If military, please designate military branch): \_\_\_\_\_

**D. Family / Household Member – Check one**☐ Child (No Email or Phone) ☐ Other \_\_\_\_\_

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Birthdate: M\_\_\_/D\_\_\_/Y\_\_\_\_\_ Gender: ☐ M ☐ F  
Email Address: \_\_\_\_\_ Phone/Cell: (\_\_\_\_) \_\_\_\_\_ Phone ☐ Work or ☐ Home (\_\_\_\_) \_\_\_\_\_  
Catholic: ☐ Yes ☐ No Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower ☐ Remarried  
Sacraments – Check All that Apply ☐ Baptism ☐ Confirmation ☐ 1<sup>ST</sup> Confession ☐ 1<sup>st</sup> Communion Catholic Marriage: ☐ Yes ☐ No  
Occupation (Designate Military Branch): \_\_\_\_\_

**E. Family / Household Member – Check one**☐ Child (No Email or Phone) ☐ Other \_\_\_\_\_

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Birthdate: M\_\_\_/D\_\_\_/Y\_\_\_\_\_ Gender: ☐ M ☐ F  
Email Address: \_\_\_\_\_ Phone/Cell: (\_\_\_\_) \_\_\_\_\_ Phone ☐ Work or ☐ Home (\_\_\_\_) \_\_\_\_\_  
Catholic: ☐ Yes ☐ No Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower ☐ Remarried  
Sacraments – Check All that Apply ☐ Baptism ☐ Confirmation ☐ 1<sup>ST</sup> Confession ☐ 1<sup>st</sup> Communion Catholic Marriage: ☐ Yes ☐ No  
Occupation (If military, please designate military branch): \_\_\_\_\_

**F. Family / Household Member – Check one**☐ Child (No Email or Phone) ☐ Other \_\_\_\_\_

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Birthdate: M\_\_\_/D\_\_\_/Y\_\_\_\_\_ Gender: ☐ M ☐ F  
Email Address: \_\_\_\_\_ Phone/Cell: (\_\_\_\_) \_\_\_\_\_ Phone ☐ Work or ☐ Home (\_\_\_\_) \_\_\_\_\_  
Catholic: ☐ Yes ☐ No Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower ☐ Remarried  
Sacraments – Check All that Apply ☐ Baptism ☐ Confirmation ☐ 1<sup>ST</sup> Confession ☐ 1<sup>st</sup> Communion Catholic Marriage: ☐ Yes ☐ No  
Occupation (If military, please designate military branch): \_\_\_\_\_



1. TODAY'S DATE: M\_\_\_/D\_\_\_/Y\_\_\_\_\_

2. THIS REGISTRATION - Check one

☐ New Member(s)

☐ Already Registered, but I need to update my information

3. PARISH - Check one

☐ St. Augustine, Oak Harbor WA

☐ St. Mary, Coupeville WA

4. FAMILY HOME ADDRESS

Street \_\_\_\_\_

Apt. \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Mailing Address if different from Home Address*

Street \_\_\_\_\_

Apt. \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. FAMILY/HOUSEHOLD NAME for mailing

Check one:

☐ Mr. & Mrs. ☐ Mr. ☐ Mrs. ☐ Miss

☐ Ms. ☐ Dr. ☐ Other \_\_\_\_\_

Name (or Names)

First \_\_\_\_\_ & \_\_\_\_\_

Last \_\_\_\_\_

6. FAMILY / HOUSEHOLD MEMBERS

*(See inside of this pamphlet)*

Please fill out the information on the individual members of your family household so that we may better serve you.

**Please Note:** Only one annual Statement per household is sent for **Contributions for Income Tax Records**. If other member(s) of your household need their own Statement of Contributions for Tax Records, please have them fill out a separate PARISH REGISTRATION FORM.

*Thank you!*

## VOLUNTEER OPPORTUNITIES

*We encourage our parishioners to become an active part of our church family!*

If a member of your household would like to participate in any of the following parish activities, please check the appropriate box(es) below. A parish leader of that ministry will contact you.

☐ Liturgical Ministries

*(i.e., Altar Server, Usher, Eucharist Minister)*

☐ Community Outreach

*(i.e., Food Pantry, Grief Ministry)*

☐ Parish Events

*(i.e., Cultural Celebrations, Coffee & Donuts)*

☐ Faith Formation

*(i.e., Youth & Adult ministries, OCIA)*

☐ Church Councils and Commissions

*(i.e., Pastoral, Finance, Stewardship)*

☐ Home Stewardship

*(i.e., Daily Prayer, Spiritual Reading)*

☐ Office Help

*(i.e., Mass Mailings, Office Assistance)*

*If you, or someone you know, is interested in a Church Vocation, please call or email the Parish office for further information.*

### OFFICE USE ONLY

PARISH ID# \_\_\_\_\_ - \_\_\_\_\_

Date of Data Entry \_\_\_\_\_

Entered by: \_\_\_\_\_

Updated on: \_\_\_\_\_ by \_\_\_\_\_

## CATHOLIC PARISH REGISTRATION FORM

*Welcome  
on behalf of our Priest,  
ministers and parishioners!*



*Please mail or return this completed form to:*

**St. Augustine/St. Mary Parish Office**  
185 N Oak Harbor St, Oak Harbor, WA 98277

Office Hours: Tuesday through Friday  
10:00 am to 12:00 pm & 1:00 pm to 4:00 pm  
(360) 675-2303

Email: [information@staugustineoh.org](mailto:information@staugustineoh.org)

### GUARANTEE OF CONFIDENTIALITY

No registration data is ever released to outside agencies. Only the parish staff and Archdiocese have access to individual household files and then only to the information they need. All individual information is held in the strictest of confidence. The parish planning bodies have access only to aggregate data.

Revised 5/6/2025 sw