ST. AUGUSTINE PARISH REGISTRATION FORM

1419 V Street, NW. | Washington, D.C. 20009 | 202-265-1470 | fax 202-234-1787 | parishoffice@saintaugustine-dc.org

Please fill out a single form to cover all of the members of your household. This side refers to the head of the household; other family members are on the reverse side.								
Title	First Name		Middle Initial	Last Name	Jr./Sr./etc.			
Mailing Addres	es							
City		State		Zip Code				
Home Phone		Work Phone		Cellular Phone				
E-Mail address	S							
Language(s)	spoken at home (other than Engl	ish)						
Do you have	any special needs as it relates to	attending Mass?						
	TO JOIN A MINISTRY? sider one of the following minis	tries:						
☐ Che	eck if you would like to be conta	acted by:						
	not provide anyone with any of	the checked items for other than o	church use:					
	V Home Phone Number	☐ My E-mail Address						

ST. AUGUSTINE PARISH REGISTRATION FORM

INSTRUCTIONS: Please use this form for yourself and your family members living with you.

Include students, military personnel, or others living away from home temporarily.

LAST NAME List those living with you by first name (Include last name, if different)	Sex	Date of Birth	Race or Ethnic Origin* optional	Marital Status	Is marriage recognized by the Catholic Church?	Catholic?	Baptized?	Confirmed?	Does person use envelopes?	Occupation or Name of school and grade (if full time student)
Self:										
Spouse:										
CHILDREN ~ Beginning with the oldest										
OTHER RELATED PERSONS LIVIN	G AT F	HOME ~ Inclu	de relationship)				1		
EMERGENCY CONTACT ~ Please e	nter naı	me, address, p	phone number	and relations	hip of a persor	n we can co	ntact in case	e of an emer	gency.	
				1	1					
Name	Relatio	nehin		Phone	Addr	222				