

ST. MARY STAR OF THE SEA PARISH  
1335 BLAINE STREET PORT TOWNSEND, WA 98368  
PHONE: (360) 385-3700 E-MAIL: stmaryss@qwestoffice.net

BY FILLING OUT THIS REGISTRATION FORM, YOU WILL RECEIVE IMPORTANT PROGRAM INFORMATION AND INFORMATION ON HOW YOU CAN BECOME INVOLVED IN AND CONTRIBUTE TO OUR PARISH COMMUNITY.

## REGISTRATION

How do our priests know where to visit or whom to contact when an emergency arises? What phone number? What address?  
How do our Outreach programs know who to include in their work with the homebound? With seniors? With single/divorced parents?  
What religious education and sacramental programs need to be offered? How often? Where? Who should receive information?  
How many people could potentially participate in various programs? Which ethnic/racial, age and special needs categories might we currently be ignoring?  
How do people feel about the current programs administered by the parish? Are we meeting the parish's needs?  
How might we better reach our goal of full and active participation by all of our parish members? Who might be alienated and why?

Before these and many other important questions can be answered we must know who "we" are. This registration will provide the parish planning bodies and pastoral staff with information to set goals and design programs to achieve these goals. This will help us avoid over-looking anyone at St. Mary Star of the Sea Parish.

***You are important to us!***

**TALENTS YOU CAN OFFER THE PARISH:** As an extension of our Sacrificial Giving Time & Talent Commitment, the following members of our household have a special skill, talent, hobby or gift which the parish may be able to utilize at some future date. Examples range from musical ability, conducting an educational workshop, carpentry, cooking, decorating skills...

NAME

SKILL, TALENT, HOBBY OR GIFT

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NEEDS THE PARISH CAN ASSIST YOU WITH: (Circle Applicable)**

A. Hearing Impaired

B. Visually Impaired

C. Mental Disability

D. Physical Disability

E. Homebound

F. Other \_\_\_\_\_

**FAMILY NAME**

**PLEASE PRINT ALL INFORMATION**

**MAILING INFORMATION**

**TODAY'S DATE:** \_\_\_\_\_

Last Name	First Name and Nickname
-----------	-------------------------

Street Address	P.O. Box
----------------	----------

Spouse Name	Home Ph # Cell # Work #
-------------	-------------------------------

City	State	Zip Code
------	-------	----------

Would you like contribution envelopes? Yes/No

E-Mail: \_\_\_\_\_

**SACRAMENTS**  
(Yes/No)

LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX (M/F)	BIRTH DATE	HOW RELATED	BAPTISM INFORMATION PLEASE LIST DATE / CHURCH / CITY	MARITAL STATUS (Sing/Mar Div/Sep Wid/Rel)	WED BY PRIEST? YES/NO	RELIGION (List Denomination)	BAP-TISM	FIRST COMM-UNION	CON FIR MA TION
Male Head of Household												
Female Head of Household												
List Household Members												

OFFICE USE ONLY: Parish # \_\_\_\_\_ Area \_\_\_\_\_ Entry Completed \_\_\_\_\_