



**Catholic Community of South Baltimore
Parish Registration Form (check one)**

- Holy Cross*
 Our Lady of Good Counsel
 St. Mary Star of the Sea

Welcome to the Catholic Community of South Baltimore! We look forward to serving the needs of you and your family. We ask that you help us to do this by providing complete information.

Office Use Only
 Env # _____
 Date _____

Family Name _____ Email Address _____
 Address _____ Is there anyone in your household who is homebound? NO YES
 City, State, Zip _____ If YES, please give name(s) _____
 Home Phone _____ Cell Phone _____ Best Time to Call _____ AM PM

Please Check One

NEW REGISTRATION
 Name & city of previous parish _____
 How did you learn about our parish _____
 REGISTRATION UPDATE

ADULTS IN HOUSEHOLD FULL NAME	RELATIONSHIP (check or fill in blank)	SEX	BIRTH DATE	MARITAL STATUS (check one)	RELIGION (check or fill in blank)	PRACTICING CATHOLIC?	SACRAMENTS			OCCUPATION & PLACE OF EMPLOYMENT	WORK / CELL PHONE	EMAIL ADDRESS
							BAPTIZED	CONFIRMED	MARRIED			
	Self	___M ___F	__/__/__	___Single ___Married ___Divorced ___Widowed	___Catholic Other _____	___No ___Yes	___No ___Yes	___No ___Yes	Church where baptized:			
	___Spouse Other _____	___M ___F	__/__/__	___Single ___Married ___Divorced ___Widowed	___Catholic Other _____	___No ___Yes	___No ___Yes	___No ___Yes	Church where baptized:			
		___M ___F	__/__/__	___Single ___Married ___Divorced ___Widowed	___Catholic Other _____	___No ___Yes	___No ___Yes	___No ___Yes	Church where baptized:			
		___M ___F	__/__/__	___Single ___Married ___Divorced ___Widowed	___Catholic Other _____	___No ___Yes	___No ___Yes	___No ___Yes	Church where baptized:			

CHILDREN FULL NAME	NICKNAME	SEX	BIRTH DATE	RELIGION (check or fill in blank)	SACRAMENTS			NAME OF SCHOOL	INTERESTED IN RELIGIOUS EDUCATION FOR THIS CHILD?
					BAPTIZED	CONFIRMED	1 ST COMMUNION		
		___M ___F	__/__/__	___Catholic Other _____	___No ___Yes Date __/__/__	___No ___Yes Date __/__/__	___No ___Yes Date __/__/__		___No ___Yes
		___M ___F	__/__/__	___Catholic Other _____	___No ___Yes Date __/__/__	___No ___Yes Date __/__/__	___No ___Yes Date __/__/__		___No ___Yes
		___M ___F	__/__/__	___Catholic Other _____	___No ___Yes Date __/__/__	___No ___Yes Date __/__/__	___No ___Yes Date __/__/__		___No ___Yes
		___M ___F	__/__/__	___Catholic Other _____	___No ___Yes Date __/__/__	___No ___Yes Date __/__/__	___No ___Yes Date __/__/__		___No ___Yes

CCSB Ministries and Parish Life – Interest and Involvement Checklist

We are all gifted by God differently and called as members of the community to share those gifts with others.

Check the first box if you or a family member is interested in becoming involved in this ministry or hearing more about it

Check the second box if you or a family member is already involved in this ministry at CCSB

Please write the name(s) of the person(s) interested or already involved in the blank

Inter- ested	Already Involved	Name of Person(s) Interested or Involved
<input type="checkbox"/>	<input type="checkbox"/>	Liturgical Ministry (please indicate which mass you would like to serve – see box in lower right corner of page) <i>Lectors, Eucharistic Ministers, Altar Servers, Ushers, Communion Visits, Scheduler</i> <i>Have you received training to be a lector, EM, or pastoral visitor? ___No ___Yes</i>
<input type="checkbox"/>	<input type="checkbox"/>	Sacramental Preparation <i>RCIA, Baptismal or Marriage prep, Confirmation, First communion</i>
<input type="checkbox"/>	<input type="checkbox"/>	Music Ministry <i>Choir, Contemporary Group, Cantor, Musicians</i> <i>Do you play an instrument? If YES, please list _____</i>
<input type="checkbox"/>	<input type="checkbox"/>	Hospitality <i>New parishioner welcome, After Mass hospitality, Greeters at Masses</i>
<input type="checkbox"/>	<input type="checkbox"/>	Young Adult Ministry <i>6pm Mass hospitality, Ministry Sunday, Theology on Tap</i>
<input type="checkbox"/>	<input type="checkbox"/>	Youth Ministry and Children’s Education and Activities <i>Scouts, Religious Education, Vacation Bible School</i>
<input type="checkbox"/>	<input type="checkbox"/>	Family Ministry <i>Family Fellowship Playgroup, Mom’s night out, Planning committee</i>
<input type="checkbox"/>	<input type="checkbox"/>	Stewardship and Fundraising <i>Special events fundraising (Oktoberfest, Silent auctions), Raffles, Flea Market, Dances</i> <i>Business owners: interested in donating goods/services or advertising in the bulletin?</i> ___No ___Yes
<input type="checkbox"/>	<input type="checkbox"/>	Educational and Spiritual Opportunities <i>Retreats, scripture study, speaker series</i>
<input type="checkbox"/>	<input type="checkbox"/>	Community Outreach and Service Opportunities <i>Parish Nurse, Van Drivers, Sacristans/Cleaning, Gardening, Building Maintenance, Holiday set-up, Bereavement support, Pastoral Visitor, Christmas Giving Tree, Blanketeers, South Baltimore Station meal prep, Feeding the homeless program, SOBER food pantry, mobile clothing bank</i>
<input type="checkbox"/>	<input type="checkbox"/>	Social Functions <i>1st Friday luncheons, Senior Soup and Sandwich, Belles of Good Counsel, Knights of Columbus</i>

Skills and Talents Checklist

Please check the gifts and talents you or a family member are willing to share with your church community. Thank You!

Name of Person with Skill/Talent
<input type="checkbox"/> _____ Accounting/Finance
<input type="checkbox"/> _____ Art
<input type="checkbox"/> _____ Babysitting
<input type="checkbox"/> _____ Baking/Cooking
<input type="checkbox"/> _____ Building Maintenance
<input type="checkbox"/> _____ Car Pool/Transportation
<input type="checkbox"/> _____ Carpentry
<input type="checkbox"/> _____ Clerical (office) work
<input type="checkbox"/> _____ Computers (software, IT management)
<input type="checkbox"/> _____ Web Design
<input type="checkbox"/> _____ Electrical
<input type="checkbox"/> _____ Gardening
<input type="checkbox"/> _____ Human Resources
<input type="checkbox"/> _____ Language/Interpreter
_____ Language(s) spoken _____
<input type="checkbox"/> _____ Medical
<input type="checkbox"/> _____ Music/Instrument
_____ Instrument(s) _____
<input type="checkbox"/> _____ Networking
<input type="checkbox"/> _____ Nursing
<input type="checkbox"/> _____ Painting
<input type="checkbox"/> _____ Plumbing
<input type="checkbox"/> _____ Public Relations/Marketing
<input type="checkbox"/> _____ Roofing
<input type="checkbox"/> _____ Telephone calling
<input type="checkbox"/> _____ Word Processing/Typing
<input type="checkbox"/> _____ Other _____

During Which Masses Would You Be Most Interested in Serving?

Holy Cross	Good Counsel	St. Mary
___ Sun 9:00 am	___ Sun 11:00 am	___ Sat 5:30 pm
___ Sun 5:00 pm		