

***TIME & TALENT STEWARDSHIP-
A WAY OF LIFE***

I would like more information on the ministry/ministries or committee(s) circled below

Liturgical Ministries

- Altar Servers
- Baptism Preparation Ministry
- Children's Liturgy of the Word Ministry
- Extraordinary Ministers of Holy Communion
- Greeters / Ushers
- Lectors
- Liturgy Committee
- Music
 1. Adult Choir
 2. Children's Choir
 3. Contemporary Ensemble
 4. Instrumentalists
 5. Praise Band
- Nursery
- Sacristans

Faith Formation

- Adult Faith Formation Committee
- Elementary & Middle School Catechists
- Men's Prayer Group
- RCIA Team Members
- School of Religion Parent Advisory Committee
- Sponsor Couple Marriage Prep
- Total Youth Ministry Advisors
- Vacation Bible School Committee
- Women's Prayer Group

Outreach Ministries

- Assistance Center of Towson
- Boy Scouts/Girl Scouts
- Christopher Place
- Food Closet
- Good Samaritan
- Meals on Wheels
- My Sister's Place
- Our Daily Bread
- Pastoral Visitors
- Respect for Life / Pregnancy Center
- St. Vincent De Paul Society

Parish Support Ministries

- Church Cleaning
- Finance Committee
- Knights of Columbus
- Legislative Committee
- Library Committee
- Office Volunteers
- P.E.P. - Parish Engagement Process
- Parish Events Planning
- Welcome Committee

Registration Materials

(Please Print)

Name _____

Phone and Email _____

For office use only:

Envelope number: _____

Registration date: _____

Church of the Immaculate Conception
200 Ware Avenue
Towson, MD 21204
410-427-4700

For office use only:
Contact form sent:

Please PRINT

Date: _____

Family Information:

Family Last Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Family e-mail address: _____

Do you want to receive email communications from us? _____

Emergency phone number: _____

Would you like to receive offertory envelopes? **Yes / No**

Do you want to use electronic transfer of funds? **Yes / No** (if yes, please see sheet to sign up)

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Separated

If married, was the ceremony a valid Catholic Marriage? **Yes / No** **Wedding Date:** _____
(valid means a ceremony in a Catholic Church or in a non-Catholic Church but with Dispensations.) **Church Name:** _____

City/State: _____

Wife's Maiden Name: _____

If married & want our mailings addressed other than "Mr. & Mrs.", please indicate title here: _____

Head of Household Information:

Male: Full Name: _____

Female: Full Name: _____

Preferred name: _____

Preferred name: _____

Date of Birth (include day/month/year): _____

Date of Birth (include day/month/year): _____

Please indicate religion: _____

Please indicate religion: _____

Occupation: _____
(please be specific)

Occupation: _____
(please be specific)

Highest level of education completed: _____

Highest level of education completed: _____

Work phone: _____ Cell phone: _____

Work phone: _____ Cell phone: _____

Email: _____

Email: _____

Sacrament	Date Rec.	Church Name	City	State
Baptism				
1st Reconciliation				
1st Eucharist				
Confirmation				

Sacrament	Date Rec.	Church Name	City	State
Baptism				
1st Reconciliation				
1st Eucharist				
Confirmation				

Are there any special needs for you or your spouse? _____

Children Information: (If more than four children, please continue information on an additional sheet. Also please submit a copy of your child's baptismal certificate. - thank you)

Child's Name: _____ MALE / FEMALE Birth date: _____

Preferred Name: _____ Special needs? _____

School: _____ Current Grade: _____

Sacrament	Date Received	Church Name	City	State
Baptism				
1st Reconciliation				
1st Eucharist				
Confirmation				

Child's Name: _____ MALE / FEMALE Birth date: _____

Preferred Name: _____ Special needs? _____

School: _____ Current Grade: _____

Sacrament	Date Received	Church Name	City	State
Baptism				
1st Reconciliation				
1st Eucharist				
Confirmation				

Child's Name: _____ MALE / FEMALE Birth date: _____

Preferred Name: _____ Special needs? _____

School: _____ Current Grade: _____

Sacrament	Date Received	Church Name	City	State
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Child's Name: _____ MALE / FEMALE Birth date: _____

Preferred Name: _____ Special needs? _____

School: _____ Current Grade: _____

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Would you like to receive the Catholic Review? **Yes / No** (If yes, please note that subscriptions are \$ _____)

If you are ready to be involved in a ministry at this time, please return the enclosed Time and Talent sheet with your registration. Someone from our Welcoming Committee will also follow-up with you.