

**REQUEST FORM
EXTRAORDINARY MINISTER OF HOLY COMMUNION
SAINT JOSEPH CATHOLIC CHURCH**

“In this ministry, you must be examples of Christian living in faith and conduct; you must strive to grow in holiness through this sacrament of unity and love.” Those being considered for this ministry are called by the Church to be active, practicing Catholics who, if married, are living in a valid marriage according to Church Law. As people of integrity, you must have the utmost care, reverence and devotion for the Eucharist.

PLEASE PRINT
TODAY'S DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TEL. # (Home) _____ (Cell) _____ E-MAIL _____

DATE OF BIRTH _____ BAPTIZED _____ CONFIRMED _____

OCCUPATION _____

OTHER MINISTRIES IN THE PARISH _____

PREFERRED MASS TIMES - SATURDAY VIGIL 5:30 pm _____
SUNDAY 8:15 am _____
10:30 am _____
12:15 pm _____

THIS MINISTRY IS VOLUNTEER, AND SHOULD BE FREELY OFFERED FOR EVERY MASS.

WOULD YOU BE WILLING TO BE REGULARLY ROTATED? YES _____ NO _____

WOULD YOU BE WILLING TO ROATATE ON AN AS NEEDED BASIS? YES _____ NO _____

IF MARRIED, ARE YOU LIVING IN A VALID MARRIAGE ACCORDING TO THE LAWS OF THE CHURCH? YES _____ NO _____

YOUR SIGNATURE _____

WOULD YOU LIKE TO SERVE AS A EXTRAORDINARY MINISTER TO:

**THE HOMEBOUND _____ Yes _____ No THOSE HOSPITALIZED _____ Yes _____ No
NURSING HOMES _____ Yes _____ No**

WOULD YOU LIKE TO SERVE AS AN EXTRAORDINARY MINISTER FOR:

**DAILY MASS _____ Yes _____ No
Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Tues. 5:30 pm _____**

APPROVED BY (PASTOR) _____ DATE _____