St. Stephen the Martyr Catholic Church

Extraordinary Minister of Holy Communion Application Form

Information on this form is confidential and for Parish use only. Please Print.

Today's Date: _____

Name:_____
First Middle Last

Address:_____
Street City/Zip

Phone:_____/_____/_____
Cell Home E-mail

Gender: ❑ Male ❑ Female Are you 18 or more years old? _____

❑ I am a practicing Catholic and registered Parishioner of St. Stephen the Martyr.

Please indicate the Sacraments of initiation that you have received:
❑ Baptism ❑ First Communion ❑ Confirmation

How often do you participate in the Sacrament of Reconciliation/Confession?
❑ Weekly/Monthly ❑ Quarterly/Yearly ❑ Other _____ ❑ It has been awhile

Marital Status: ❑ Single ❑ Engaged ❑ Married
❑ Divorced and not remarried ❑Separated ❑ Widowed

If Engaged, are you planning a Catholic Ceremony by Priest/Deacon? ❑ Yes ❑ No

If Currently Married, was it a Catholic Ceremony by a Catholic Priest/ Deacon? ❑ Yes ❑ No

If Married, Name of Church / Place of Marriage: _____

Do you serve in any other ministries within the Parish? If so, what? _____

_____

Please turn in this form to the Parish Office

Thank you for your interest in this ministry.
The Ministry Leader will be in touch with you to give you more information about training.