



LITURGICAL MINISTRY ELIGIBILITY FORM EXTRAORDINARY MINISTERS OF HOLY COMMUNION

Name _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Email _____

Please check YES or NO to each of the following statements

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am at least 16 years old. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have received the Sacraments of Initiation (Baptism, Confirmation, and Holy Eucharist). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am a practicing Roman Catholic. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am eligible to receive Eucharist during the Mass. |

My Commission as an Extraordinary Minister of Holy Communion will be for (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Masses at St. Michael | <input type="checkbox"/> Homebound |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> St. Michael School |

By my signature below, I testify that the above information is truthful and accurate.

Signature _____

Date _____