

## DIOCESE OF CHARLESTON EXTRAORDINARY MINISTER OF HOLY COMMUNION APPLICATION REV. 6/16/2022)

Parish: ST. MARY HEL	P OF CHRISTIANS CATH	OLIC CHURCH	
Full name:			
Full address:			
Telephone: (home)	(cell)	(work)	
E-mail address:	Occupation:	Date of I	oirth:
Mass preference: Sat 5:00 PM Sun 8:30 AM Communion to our sick and s Sacraments in full commun	hut-ins at their: homes	_ nursing homes	
Baptism: year:			
Confirmation: year:			
Marriage: year:			
() single () married	() divorced () widowed	l () remarried	() annulled
Spouse's full name & religion Where married ()Catholic	() Protestant () other ()	) civil	
With Catholic Church permiss	sion () yes () no		
First marriage for you ( ) yes (	() no — death	divorce	
First marriage for spouse () y	res ( ) no – death	divorce	
If either one was divorced & r	emarried, status of annulm	ents:	
By signing this application, I agmust attend all required orienta active minister of this importan years from the date of commis service in the ministry. If over the formation meetings, it is a declast. Mary's parish, and I understa	tion, formation, and yearly re t ministry. The office of the sion, at the end of which, it he course of three years I hav aration that I do not wish to c	ecommissioning me Extraordinary Mini is at the discretion re three unexcused continue serving as	eetings in order to remain an ister has a duration of three n of the Pastor to renew my I absences from any of these
Applicant's Signature	Date submitted		

Accepted by: \_\_\_\_\_\_, Pastor Date: \_\_\_\_\_