



ST. MARK THE EVANGELIST CATHOLIC CHURCH

Office Phone: 907-7746 FAX: 907-7556

APPLICATION

TO BECOME AN EXTRAORDINARY MINISTER OF HOLY COMMUNION (EM)

Complete this form and return it to the parish office for a priest's approval. **SEND TO THE ATTENTION OF LUTHER FERRIS.** Once approved, you will be contacted with training dates.

NAME: _____

ADDRESS: _____

Phone (1) _____ (2) _____ E-mail _____

Birth Date _____

Baptism (yes/no) Date (if known) _____

First Holy Communion (yes/no) Date (if known) _____

Confirmation (yes/no) Date (if known) _____

Marital Status: Married/Divorced/Separated/Single/Re-Married in the Catholic Church/Widow/Widower - circle one

If you are currently a Reader at Saint Mark and wish to become an EM, you can only be active in one of these Ministries at a time

Tell us about yourself and your journey of faith (use separate sheet if necessary):

Why do you wish to become a Eucharistic Minister?

Describe any other St. Mark's ministries you have participated in:

Statement of Belief and Devotion to the Blessed Sacrament:

I, _____, believe the Body and Blood of our Lord, Jesus Christ is real and present in the Holy Eucharist. As service to my parish and to our Lord, I promise to act with reverence and respect at all times when carrying out my ministry as an Extraordinary Minister of Holy Communion.

Signed, _____ date _____

Approved by Father _____ date _____

Approval Signature _____ date _____

Remarks: