



*“Extraordinary ministers of Holy Communion should distinguish themselves by their Christian lives, faith and morals. Let them strive to worthy of this great office; let them cultivate devotion to the Holy Eucharist and show themselves as examples to other faithful by their piety and reverence for the most Holy Sacrament of the Altar. Let no one be chosen whose selection may cause scandal among the faithful.”*  
 - Immensae Caritatis (Vatican II Document)

**Application to be a Extraordinary Minister of Holy Communion (EMHC)**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a registered member of Saint Anne? Y-N \_\_\_\_\_

**SACRAMENTAL INFORMATION:**

Are you a practicing Catholic? (*Regular Mass attendance, frequent Communion, frequent Confession?*) Y-N \_\_\_\_\_

Baptism: Y-N \_\_\_\_\_ Holy Eucharist: Y-N \_\_\_\_\_ Confirmation: Y-N \_\_\_\_\_

**MARITAL INFORMATION:**

**Circle one:** Single: Y-N \_\_\_\_\_ / Widowed: Y-N \_\_\_\_\_ / Separated: Y-N \_\_\_\_\_ / Divorced: Y-N \_\_\_\_\_

Married/ Y-N \_\_\_\_\_ If currently married, were you married in Catholic Church? Y-N \_\_\_\_\_  
*(I.e. in the presence of a Catholic Priest or deacon, or elsewhere with proper dispensation?)*

Are you a seasonal/winter visitor? Y-N \_\_\_\_\_ If yes, months available at Saint Anne: \_\_\_\_\_

How long have you been Extraordinary Minister of Holy Communion (EMHC)? \_\_\_\_\_

*(If Applicable)*, what do you enjoy most about your liturgical role as an EMHC? \_\_\_\_\_

It is a privilege and an honor to serve the Lord as an EMHC, which is why it is important to have a personal devotion to the Eucharist, attend a continuing formation, and attend a yearly workshop/retreat/ or reflection. Are you willing to fulfill these requirements? \_\_\_\_\_

One of the requirements for being a Extraordinary Minister of Holy Communion is to attend a Diocesan Workshop. Are you willing to fulfill this requirement? \_\_\_\_\_

Are you available to bring Holy Communion to the Sick/Homebound? Y-N \_\_\_\_\_ *(This will require you to go through the Diocesan requirements: **Fingerprinting and Safe Environment Training for the Elderly and Vulnerable.**)*

Which Mass would you like to serve at?

**Saturday** \_\_\_\_\_ 5:00 PM      **Sundays:** \_\_\_\_\_ 8:00 AM      \_\_\_\_\_ 10:00 AM      \_\_\_\_\_ 12:00 PM (Spanish)

Applicant's Signature \_\_\_\_\_

Today's date \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Today's date \_\_\_\_\_