

DIOCESE OF BUFFALO
Catholic Center
795 Main Street
Buffalo, New York 14203-1250

OFFICE OF WORSHIP
(716) 847-5545
Fax (716) 847-2206

APPLICATION FOR MINISTER OF HOLY COMMUNION

(Please PRINT all responses on this form.)

Last Name of Candidate: _____

Full Name of Candidate:

Mailing Address:

Phone Number: _____ Date of Birth: _____ Age: _____

Email Address: _____

Please **circle one** of the following. The Candidate is:

Married Divorced Single Widow/er Seminarian Permanent Deacon Candidate

Approximate date of Confirmation: _____

(We do not need the location of your Confirmation, just the approximate date)

NAME AND LOCATION OF PARISH / INSTITUTION SENDING THE CANDIDATE:

DATE AND PLACE OF TRAINING SESSION CANDIDATE IS ATTENDING:

SEAL:

PASTOR / CHAPLAIN SIGNATURE

THIS FORM MUST HAVE THE SEAL OF YOUR PASTOR/CHAPLAIN TO BE COMPLETE.
PLEASE RETURN THIS FORM TO THE OFFICE OF WORSHIP AT LEAST
7 DAYS BEFORE THE TRAINING SESSION. THANK YOU!