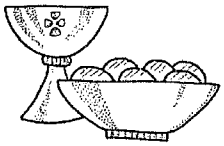
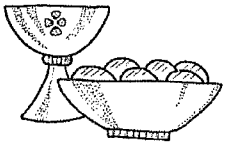


EUCHARISTIC MINISTER INFORMATION



Please provide the following information so we can assist you in your ministry:

Name:_____
First Last

Address:_____

Phone #:_____
Home Cell

Email:_____

Mass Preference: Saturday: 5 PM Sunday: 8 AM, 9:30 AM, 11:15 AM

Give location and name of parish where you may have served as a Eucharistic Minister.

_____
(Name of Priest)

Were you formally installed by the parish priest? Yes _____ No _____

Are you willing to bring the Eucharist to those in the hospital or homebound?

Yes _____ No _____

Would this be in addition to your regular service as scheduled? Yes ____ No ____

For office use only:

Trained By:_____ Date of Training:_____

Place on schedule effective:_____