



*Saint Justin Martyr Catholic Church &
Misión del Sagrado Corazón*

Extraordinary Minister of Holy Communion Discernment Form

Today's date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Marital Status (*select one*) Single Married Divorced Widowed

Are you registered member of St. Justin Martyr Parish? Yes No

Envelope/Registration # _____

Are you baptized in the Roman Catholic Church? Yes No

Have you received the sacrament of Confirmation? Yes No

If married, are you married in the Catholic Church? Yes No

Name of spouse: _____

Is your spouse an Extraordinary Minister of Holy or Lector at St. Justin Martyr?

Yes No

Are you living with someone without being married? Yes No

Are you age 25 or older? Yes No

Are you interested in becoming Extraordinary Minister of Holy Communion to the sick?

Yes No

If interested in being EMS, have you been fingerprinted & Safe Environment

trained? Yes No

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Mass Availability

Which masses are you available to serve at? Please list your availability by ranking the order of preference (Ex. Highest preference is 1 to lowest number).

Monday 6:30 am	
Monday 8:30 am	
Tuesday 6:30 am	
Tuesday 8:30 am	
Wednesday 6:30 am	
Wednesday 8:30 am	
Thursday 6:30 am	
Thursday 8:30 am	
Friday 6:30 am	
Friday 8:30 am	
Saturday 8:30 am	

Saturday 5:30 pm	
Sunday 6:45 am	
Sunday 8:00 am	
Sunday 11:00 am	
Sunday 12:30 pm	
Sunday 5:30 pm	

Any other scheduling requests, such as frequency, scheduling with someone else etc. mark below: