



## Extraordinary Minister of Holy Communion Eligibility

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting to be an Extraordinary Minister of Holy Communion. I am a Catholic parishioner who has received the three sacraments of initiation: baptism, confirmation, and Eucharist. I am able to receive the Eucharist, and I am in good standing with the Church (e.g. I am in a marriage that is not blessed by the Church). I am aware that the ability to be an Extraordinary Minister of Holy Communion exists for three years after which point I will have to be re-commissioned. The Eucharist is important in my life, and I understand the sacredness of this ministry.

Sincerely,

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Pastor's approval

\_\_\_\_\_  
(Pastor's signature signifies approval)

Date: \_\_\_\_\_