

DIOCESE OF CHARLESTON

EXTRAORDINARY MINISTER OF HOLY COMMUNION
APPLICATION REV. 6/26/2017

PARISH: ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH, AIKEN, SC

FULL NAME: _____

FULL ADDRESS: _____

TELEPHONE: (Home) _____ (Cell) _____ (Work) _____

E-MAIL ADDRESS: _____ OCCUPATION: _____ DATE OF BIRTH: _____

PREFER MASS: SAT 5:00 ____ SUN 8:30 ____ 11:00 ____ 12:30(Sp)OSM ____ 5:00 ____

TO GO ON COMMUNION VISITATION OF OUR SICK AND SHUT-INS AT
THEIR ____ HOMES ____ NURSING HOMES ____ HOSPITALS

SACRAMENTS -- IN FULL COMMUNION WITH THE CATHOLIC CHURCH:

BAPTISM: YEAR: _____ CHURCH: _____

CONFIRMATION: YEAR: _____ CHURCH: _____

MARRIAGE: YEAR: _____ CHURCH: _____

SINGLE MARRIED DIVORCED WIDOWED REMARRIED

SPOUSE'S FULL NAME & RELIGION _____

WHERE MARRIED CATHOLIC PROTESTANT OTHER CIVIL

WITH CATHOLIC CHURCH PERMISSION YES NO

FIRST MARRIAGE FOR YOU YES NO - DEATH _____ DIVORCE _____

FIRST MARRIAGE FOR SPOUSE YES NO - DEATH _____ DIVORCE _____

IF EITHER ONE EITHER DIVORCED & REMARRIED, STATUS OF ANNULMENTS

DATE SUBMITTED: _____ ACCEPTED BY: _____ PASTOR