

DIOCESE OF CHARLESTON

LECTOR APPLICATION

(revised 2/5/2019)

Parish: St. Mary Help of Christians Catholic Church

Full Name: _____

Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Email Address (print clearly): _____

Occupation: _____

Preferred Mass (select one):

_____ Saturday, 5:00 PM

_____ Sunday, 8:30 AM

_____ Sunday, 11:00 AM

_____ Sunday, 12:30 PM (Spanish Mass at Old St. Mary's)

_____ Sunday, 5:00 PM

Please complete page 2 and submit with your application to the parish office.

Date Submitted: _____ Applicant _____

Date Accepted: _____ Pastor _____

Date Trained: _____ Lector Coordinator _____

Lector Application, page 2

The information below will be handled with strict confidentiality and will be viewed only by our priests and designated parish personnel.

Name: _____ Date of Birth _____

Sacraments – In full communion with the Catholic Church

Baptism: Year _____ Church _____

Confirmation: Year _____ Church _____

Marriage: Year _____ Church _____

Current Marital Status:

_____ Single _____ Widowed

_____ Married _____ Remarried

Spouse's Full Name and Religion _____

Where Married: _____

_____ Catholic _____ Protestant _____ Other _____ Civil

With Catholic Church Permission: _____ Yes _____ No

If no, please explain: _____

First Marriage for You: _____ Yes _____ No

If no, please explain: _____

First Marriage for Spouse: _____ Yes _____ No

If no, please explain: _____

If either you or your spouse is divorced and remarried, the status of annulments:
