



DIOCESE OF CHARLESTON
EXTRAORDINARY MINISTER OF HOLY COMMUNION APPLICATION (REV. 1/6/2026)

Parish: ST. MARY HELP OF CHRISTIANS CATHOLIC CHURCH

Full name: _____

Full address: _____

Telephone: (home) _____ (cell) _____ (work) _____

E-mail address: _____ Occupation: _____ Date of birth: _____

Mass preference:

Sat 5:00 PM ___ Sun 8:30 AM ___ 11:00 AM ___ 1:00 PM (Sp) ___

Communion to our sick and shut-ins at their: homes ___ nursing homes ___ hospital ___

Sacraments -- in full communion with the Catholic Church:

Baptism: year: _____ church: _____

Confirmation: year: _____ church: _____

Marriage: year: _____ church: _____

single married divorced widowed remarried annulled

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 was divorced & remarried, status of annulments:

By signing this application, I agree that, in order to serve as Extraordinary Minister of Holy Communion, I must attend all required orientation, formation, and yearly recommissioning meetings in order to remain an active minister of this important ministry. The office of the Extraordinary Minister has a duration of three years from the date of commission, at the end of which, it is at the discretion of the Pastor to renew my service in the ministry. If over the course of three years I have three unexcused absences from any of these formation meetings, it is a declaration that I do not wish to continue serving as an Extraordinary Minister at St. Mary's parish, and I understand that I will no longer be scheduled to serve.

Applicant's Signature

Date submitted

Accepted by: _____, Pastor Date: _____