

APPLICATION FOR EXTRAORDINARY MINISTER OF HOLY COMMUNION

Diocese of Little Rock

PARISH OR INSTITUTION: _____ **DATE:** _____

ADDRESS: _____

City, State, Zip Code

I wish to submit the following person(s) for authorization to become Special Ministers of Communion:

_____ These persons have received parish catechesis as outlined by the Diocesan Liturgy Office.

_____ These persons are well-known in this parish as exemplary Catholics.

_____ Because there is a genuine need for Special Ministers, our Parish Liturgy Team and/or Parish Council have given approval.

_____ These persons have completed Safe Environment Training Requirements for public ministry:

_____ VIRTUS training – Protecting God’s Children for Adults

_____ Background check

_____ Monthly Bulletin

PASTOR/ ADMINISTRATOR

Mandates are usually issued in the English language, but is also available in Spanish if preferred. Please indicate if you have a language preference (S – Spanish, E – English, or B – Both). If nothing is indicated, an English Mandate will be issued.

NAME OF EXTRAORDINARY MINISTER	DATE OF BIRTH*	WITHIN MASS	FOR SICK	LANGUAGE PREFERENCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Required to verify compliance with Safe Environment requirements

