APPLICATION FOR
EXTRAORDINARY MINISTER OF 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.

_____
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	WITHIN MASS	FOR SICK	LANGUAGE PREFERENCE

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