

DIOCESE OF LITTLE ROCK

2500 North Tyler Street • PO Box 7565 • Little Rock, Arkansas 72217 • (501) 664-0340 • www.dolr.org

APPLICATION FOR MANDATE TO SERVE AS EXTRAORDINARY MINISTER OF HOLY COMMUNION

Parish/Institution:				_
Mailing Address:				_
	City	State	Zip	_

By my signature below, I hereby attest that:

- There is a genuine need for Extraordinary Ministers of Holy Communion in this parish/institution;
- The persons on the attached list are well-known in the parish/institution as exemplary Catholics;
- The persons on the attached list have received appropriate catechesis in accordance with diocesan norms;
- The persons asking to be Ministers to the Sick are CURRENT on all Safe Environment requirements per our site coordinators database

DATE

PASTOR/ADMINISTRATOR

Please send this completed form and the attached list to the attention of Debby Hook, Secretary for the Chancery, via e-mail (<u>dhook@dolr.org</u>) or via regular mail.

Instructions:

- Give the person's **complete** name; include nickname in brackets. Last Name first, then First Name. •
- Indicate whether the person will serve only at Mass (M), or to the Sick (S), or both (B). •
- Indicate if the mandate should be issued in English (E) or Spanish (S). ID cards for Ministers to the Sick will be ٠ issued in English but can be requested in Spanish also.
- Ministers to the sick will ONLY be issued a card (no certificate) ٠
- If there is some reason a mandate cannot be issued, the reason will be indicated. •

Name of Parish: ______ Expiration Date: ______

Complete Full Name <i>Last Name, First Name</i> (w/nickname in brackets)	Mass/ To Sick/ Both M / S / B	English or Spanish E or S	Reason for not issuing Mandate _{Chancery Use Only}

Complete Full Name Last Name, First Name (w/nickname in brackets)	Mass/ To Sick/ Both M / S / B	English or Spanish E or S	Reason for not issuing Mandate _{Chancery Use Only}