

EXTRAORDINARY MINISTERS OF  
HOLY COMMUNION

**NEW REQUEST FORM**

Candidate's Name: \_\_\_\_\_  
(Please PRINT names in full – no abbreviations or nicknames)

Parish/Institution: \_\_\_\_\_

Address of Parish/Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

- A. Is the Candidate fully initiated Catholic (ie. Baptism, Confirmation, Eucharist) of at least 18 years of age?  YES  NO
- B. Is the Candidate a practicing Catholic in good standing with the Church?  YES  NO
- C. Is the Candidate willing to grow in holiness through this ministry?  YES  NO

Candidate's Signature: \_\_\_\_\_

Signature of Pastor/Rector/Chaplain/Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this application form to:

Extraordinary Minister of Holy Communion  
Office of Liturgy  
5201 Bishops Blvd Suite A  
Fargo, ND 58104-7605

