



THE DIOCESE OF SPRINGFIELD, MASSACHUSETTS
serving Berkshire, Franklin, Hampden & Hampshire counties

APPLICATION FOR EXTRAORDINARY MINISTER OF HOLY COMMUNION

(Please PRINT all responses on this form)

Last Name of Candidate: _____

Full Name of Candidate:

Mailing Address:

Phone Number: _____ Date of Birth: _____

Email Address: _____

Please circle one of the following. The Candidate is: Married Divorced Single Widow/er Seminarian Permanent Deacon Candidate

Date of Baptism: _____ Date of First Communion: _____

Date of Confirmation: _____

NAME AND LOCATION OF PARISH/ INSTITUTION SENDING THE CANDIDATE:

_____ DATE/S AND

PLACE OF TRAINING SESSIONS THAT CANDIDATE WAS ATTENDING:

Instructed by: _____

SEAL and Pastor's Signature:
