

**St. John the Evangelist Parish Ministry Form – 21 Academy Hill, Watertown, CT 06795 – (860)274-8836**

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

Name \_\_\_\_\_ Telephone (s) \_\_\_\_\_

E-mail \_\_\_\_\_

Lector current / interested Date of Commissioning \_\_\_\_\_

Preferred Masses \_\_\_\_\_

Eucharistic Minister current / interested Date of Commissioning \_\_\_\_\_

Preferred Masses \_\_\_\_\_

Eucharistic Minister to the Watertown Convallarium current / interested

Eucharistic Minister to the Homebound current / interested

I am currently bringing Communion to \_\_\_\_\_  
(name) (address)

I am currently bringing Communion to \_\_\_\_\_  
(name) (address)

I am currently bringing Communion to \_\_\_\_\_  
(name) (address)

I am currently bringing Communion to \_\_\_\_\_  
(name) (address)

I am currently bringing Communion to \_\_\_\_\_  
(name) (address)

I am currently bringing Communion to \_\_\_\_\_  
(name) (address)