

Liturgical Ministry Registration Form

Please circle any answers or fill in any blanks to the following questions:

Are you a registered member of Holy Family Parish? Yes No						No		
Liturgical Minist	ry in which y	ou are inter	ested:					
Serve	Server Lector Extraordinary Minist					ter of Holy Communion		
	Usher	Greeter	Sacristan	Musicia	an/Canto	or		
Have you ministe	ered in this li	turgical min	istry before?	Yes	No			
Preferred Mass T	Time(s): 5:00	p Saturday	8:30a Sunda	y 10:30	0a Sun	day 6:00p Sunday		
Contact Informat	tion:							
Name:								
	First		Middle			Last		
Address:	Street				City/Z	Zin		
Dhone:					City	5-IP		
Phone: Home			Work		Cell			
Email:								
Baptized:								
Church				City/S	City/State			
Confirmation:	1			<u> </u>	14 4			
	urch mation only re	quired for Exti	aordinary Mini	City/Sisters of H		mmunion)		
Marital Status:								
Single Enga	aged	Married	Wid	lowed		Divorced		
If married:	Is this your first marriage?				Yes	No		
	Is this you	Is this your spouse's first marriage?				No		
	•	Were you married in the Catholic Church? Yes No (Or with Ecclesiastical Approval, i.e., Dispensation)						