



HOLY NAME OF JESUS

CATHOLIC COMMUNITY

Extraordinary Minister of Holy Communion (EMHC) Application

PLEASE FULLY COMPLETE

Full Name _____ Date of Birth _____ Cell # _____

Street Address _____ City _____ Zip Code _____

Email Address _____

1. Would you ALSO like to be a Minister to the Sick? ☐ Yes ☐ No
2. If applicable, please select the weekend Mass you wish to serve: ☐ 4:30 pm ☐ 7:15 am ☐ 8:45 am
☐ 10:30 am ☐ 12:15 pm ☐ 5:00 pm
3. If applicable, please select the daily Mass you wish to serve: ☐ 7:00 am ☐ 8:30 am
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
4. Are you ONLY interested in just being a substitute? Yes ☐ No ☐
5. Are you baptized? ☐ Yes ☐ No Are you confirmed? ☐ Yes ☐ No
6. Please select your present marital status: ☐ Single ☐ Married ☐ Widow/er ☐ Divorced
7. If married, were you married in the Catholic Church? ☐ Yes ☐ No If yes, please supply name of church and city where married _____
8. Are you registered at Holy Name of Jesus? ☐ Yes ☐ No Since? (mo/yr): _____
9. Have you been Fingerprinted with Diocese of Orlando in last 5 yrs? ☐ Yes ☐ No
10. Please provide a brief description of your involvement in the religious and social affairs of our parish and/or community: _____

11. Are you a member of any HNJ ministries? ☐ Yes ☐ No If yes, please list: _____

12. Were you an EMHC at another Orlando Diocese parish? ☐ Yes ☐ No If yes, please list: _____

Please return this form to George Kobosko, gekobosko@hnj.org

(Revised 5/17/23, ST)