



**LITURGICAL MINISTRY ELIGIBILITY FORM
DIOCESE OF RALEIGH
EXTRAORDINARY MINISTERS OF HOLY COMMUNION**

Parish _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Please circle either YES or NO for each statement that follows

Yes No I am at least sixteen years old.

Yes No I have received the Sacraments of Initiation (Baptism, Confirmation and Holy Eucharist) in the Catholic Church.

Yes No I am a practicing Roman Catholic.

My Commission as an Extraordinary Minister of Holy Communion will be for

_____ My Parish _____ Catholic School _____ Campus Ministry _____ Hospital or Prison

By my signature below I testify that the above provided information is truthful and accurate.

Signature _____

Date _____