



ST. ANN CATHOLIC
Clayton, NC

LITURGICAL MINISTRY ELIGIBILITY FORM

ST. ANN CATHOLIC CHURCH, CLAYTON, NC

MINISTRY: **SACRISTAN**

Name: _____
Address: _____
City/ZIP _____
Phone: _____ Cell: _____
E-mail: _____

Please circle either **YES** or **NO** for **each** statement that follows

YES	NO	I am at least 16 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 a **Sacristan** will be for my parish church, St. Ann's R.C. Church, Clayton, NC

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

Signature: _____

Date: _____