



Diocese of Salina

APPLICATION TO COMMISSION Extraordinary Ministers of Holy Communion

*Complete a separate application form for each parish/institution.
Mail completed application form to the Office of Liturgy.*

Parish/institution _____, City _____

NAME OF CANDIDATE(S)	MAILING ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Make copies of this form for names and addresses of additional candidates.

Training and instructions were/will be given by _____

Number of sessions _____

Description of the pastoral need for the above candidates:

Including the above-named candidates, our parish/institution will have the following number of active Extraordinary Ministers of Holy Communion: _____