



Diocese of Salina

## APPLICATION TO COMMISSION Extraordinary Ministers of Holy Communion

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*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: \_\_\_\_\_