

ST. COLUMBAN CATHOLIC CHURCH
EXTRAORDINARY MINISTER OF HOLY COMMUNION

REGISTRATION FORM – PLEASE PRINT

Date:		Circle: Mr. Mrs. Miss			<input type="checkbox"/> New <input type="checkbox"/> Renewal
					Date Trained * Office Use*
Last Name		First Name			
Address (include Apt #, if applicable)					
		City		State	
		ZIP			
Date Installed * Office Use*	Other Ministries Involved In:		Other Family Member(s) Involved in Other Ministries:		
Home Phone:	Daytime No.:		E-mail (if applicable):		
() -	() - wk / cell		___Check if you wish to keep your email address private		
Mass Preference (First choice: choose one only):					
<input type="checkbox"/> Sat. 5:00 pm (English)		<input type="checkbox"/> Sun. 9:30 am (English)		<input type="checkbox"/> Sun. 5:15 pm	
<input type="checkbox"/> Sat. 6:30 pm (Vietnamese)		<input type="checkbox"/> Sun. 11:15 am (English)		<input type="checkbox"/> Sun. 7:00 pm (Vietnamese)	
<input type="checkbox"/> Sun. 6:30 am (Vietnamese)		<input type="checkbox"/> Sun. 1:00 pm (Spanish)		<input type="checkbox"/> Daily 6:30 am/8:30 am	
<input type="checkbox"/> Sun. 8:00 am (English)		<input type="checkbox"/> Sun. 3:15 pm (Vietnamese)		<input type="checkbox"/> School Mass (staff member)	
Alternate Choice (Second choice: choose one only):					
<input type="checkbox"/> Sat. 5:00 pm (English)		<input type="checkbox"/> Sun. 9:30 am (English)		<input type="checkbox"/> Sun. 5:15 pm	
<input type="checkbox"/> Sat. 6:30 pm (Vietnamese))		<input type="checkbox"/> Sun. 11:15 am (English)		<input type="checkbox"/> Sun. 7:00 pm (Vietnamese)	
<input type="checkbox"/> Sun. 6:30 pm (Vietnamese)		<input type="checkbox"/> Sun. 1:00 pm (Spanish)			
<input type="checkbox"/> Sun. 8:00 am (English)		<input type="checkbox"/> Sun. 3:15 pm (Vietnamese)			
Available for Holy Day Masses?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Available for Special St. Columban Events?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be interested in becoming a Minister to the Sick to:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
For New Extraordinary Minister of Holy Communion (EMHC):					
Age: _____ (25 years of age or older)		Yes		No	
Are you a registered parishioner of St. Columban Church?		Yes*		No	
If no, please register with the Parish Office.				*Parish ID# _____	
A new EMHC must be fully initiated in the Church. Please check the sacraments you have received:					
<input type="checkbox"/> Baptism		<input type="checkbox"/> 1 st Communion		<input type="checkbox"/> Confirmation	
				<input type="checkbox"/> Married in the Church (if applicable and current)	