



EXTRAORDINARY MINISTER CANDIDATE APPLICATION

Name:

Address:

Home Phone:

Cell Phone:

Work Phone:

Email:

Registered Member of Holy Spirit? Yes No

Are you 18 or older? Yes No If under 18, how old?

Which Sacraments have you received?

Baptism	Yes	No
First Penance & Reconciliation	Yes	No
First Communion	Yes	No
Confirmation	Yes	No

Marital Status:

Single	Engaged	Married
Separated	Widowed	Divorced

If married or engaged, is this or will it be your first marriage? Yes No

If married or engaged, is this or will this be your spouse's/fiancé's first marriage? Yes No

If married or engaged, were you or will you be married by a Catholic bishop, priest, or deacon in a Catholic Church? Yes No

If no, did you have permission from the Catholic diocese? Yes No

Signature: