# ST. COLUMBAN CATHOLIC CHURCH
# EXTRAORDINARY MINISTER OF HOLY COMMUNION

## REGISTRATION FORM – PLEASE PRINT

| **Date:** | **Circle: Mr. Mrs. Miss** | □ **New** □ **Renewal** |
|---|---|---|
| **Last Name** | **First Name** **Middle** | Date Trained * Office Use* |
| **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.: ( ) - wk / cell | E-mail (if applicable): ___Check if you wish to keep your email address private |

**Mass Preference** (First choice: choose **one** only):

□ Sat. 4:45 pm (English) □ Sun. 9:30 am (English) □ Sun. 5:15 pm
□ Sat. 6:30 pm (Vietnamese) □ Sun. 11:15 am (English) □ Sun. 7:00 pm (Vietnamese)
□ Sun. 6:30 am (Vietnamese) □ Sun. 1:00 pm (Spanish) □ Daily 6:30 am/8:30 am
□ Sun. 8:00 am (English) □ Sun. 3:15 pm (Vietnamese) □ **School Mass (staff member)**

**Alternate Choice** (Second choice: choose **one** only):

□ Sat. 4:45 pm (English) □ Sun. 9:30 am (English) □ Sun. 5:15 pm
□ Sat. 6:30 pm (Vietnamese)) □ Sun. 11:15 am (English) □ Sun. 7:00 pm (Vietnamese)
□ Sun. 6:30 pm (Vietnamese) □ Sun. 1:00 pm (Spanish)
□ Sun. 8:00 am (English) □ Sun. 3:15 pm (Vietnamese)

| | |
|---|---|
| Available for Holy Day Masses? | □ Yes □ No |
| Available for Special St. Columban Events? | □ Yes □ No |
| Would you be interested in becoming a Minister to the Sick to: | □ Yes □ No |

Age: _____ (25 years of age) DOB: _____ ____
Month Year

Are you a registered parishioner of St. Columban Church? Yes* No *Parish ID#_____
If no, please register with the Parish Office.

A new EMHC must be fully initiated in the Church. Please check the sacraments you have received:

□ Baptism □ 1st Communion □ Confirmation □ Married in the Church (if applicable and current)

Return to Parish Office

08-01-2023