

Good Shepherd Catholic Church

Extraordinary Minister of Holy Communion (EMHC) Application

Thank you for answering the call to serve as Extraordinary Minister of Holy Communion (EMHC). EMHCs are highly visible examples of disciples of the Lord. Please complete the application below. If you have any questions or concerns, please call the Church Office to make an appointment with the Pastor. Once the application is approved, the EMHC Chair will contact you with training dates available.

Definition and Role: EMHC is a lay person or religious who has been authorized by a specific parish or community (or by priest for a single occasion) to assist in distributing Holy Communion to the faithful. EMHC may serve only when there is a shortage of ordained clergy (Ordinary Ministers of Holy Communion).

Qualifications:

- Must have completed all Sacraments of Initiation (Baptism, Eucharist, Confirmation)
- Must be 18 years old (or younger if approved by Pastor and Bishop)
- If married, must be married within the Church
- Must have sufficient spiritual and theological formation to understand the role of EMHC
- Must receive practical preparation to fulfill the role of EMHC with knowledge and reverence
- Must be approved by Pastor prior to training and installed as EMHC for this parish upon completion of training

Name: _____ Over 18 years YES NO
Age if <18 _____

Address: _____

Cell Phone: _____ Email: _____

Registered Parishioner YES NO

Sacraments:

Baptism YES _____ (Year or Estimate)

Eucharist YES _____ (Year or Estimate)

Confirmation YES _____ (Year or Estimate)

Marriage: (mark all that apply) *This information shall be kept Confidential*

_____ Never Married _____ Married _____ Marriage Annulled _____ Separated

_____ Common Law (living together) _____ Divorced _____ Remarried after Divorce

If married at ANY time: Were you married in the Catholic Church? YES NO

Diocese _____

City, State _____

Parish Name _____

Presiding Priest's Name _____

Date of Marriage _____

If marriage annulled, complete the following:

Diocese _____

City, State _____

Parish Name _____

Presiding Priest's Name _____

Date of Annulment _____

If divorced, complete the following (Divorce alone does not disqualify)

City, State _____

Date Divorce Granted _____

Signature

Date

Office Use

Appt with Pastor if required (date): _____

Approved by Pastor: _____

EMHC Chair informed with name and contact information only: _____