

**EUCCHARISTIC MINISTERS OF THE ALTAR  
INFORMATION FORM**

**NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PHONE (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

1. What calls you to this Ministry? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you a practicing Catholic? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List any past experiences as a minister of the Eucharist and where these duties were performed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list names of priests, staff members or coordinators of any parish ministry who are acquainted with you.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If you are married, where you married in the church or was your married blessed? If not, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. A parish priest of Good Shepherd is required to review this application and sign below.

\_\_\_\_\_  
Signature of Parish Priest

Date: