

**ST. MATTHIAS THE APOSTLE CATHOLIC CHURCH  
APPLICATION TO BE A LITURGICAL MINISTER**

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

How long have you attended St. Matthias? \_\_\_\_\_

What Masses do you attend: ( ) 5:00 Saturday; ( ) 8:00 Sunday; ( ) 10:30 Sunday; ( ) 1:00 Sunday

What Masses can you assist: ( ) 5:00 Saturday; ( ) 8:00 Sunday; ( ) 10:30 Sunday; ( ) 1:00 Sunday

What days are you willing to bring Holy Communion to the sick: \_\_\_\_\_

(If not interested in ministering to the home bound, then enter "None")

What ministries are you available to help: ( ) Lector; ( ) Extraordinary Minister of Holy Communion;

( ) Usher; ( ) Greeter; ( ) Choir

**Virtus Training**

Date of Initial Training: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Update Training: \_\_\_\_\_ Location: \_\_\_\_\_

**Obstacles**

The following questions concern obstacles to serve. Should any of these apply to you a confidential conversation will be used to determine what steps to take in order to address the obstacle.

Has the Church or anyone acting on its behalf ever formally declared you to be an "apostate," "heretic," or "schismatic"? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been in a religious order, a seminary or even ordained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been installed as an Instituted Acolyte or Reader by your bishop? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you engaging in any type of behavior that would bring scandal to the Church? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Uncertain

## **Additional Information for Lectors and Extraordinary Ministers of Holy Communion**

Lectors and Extraordinary Ministers of Holy Communion must be fully initiated, practicing Catholics. This is verified by completing this application and submitting a recently issued (within the last six months) copy of your Baptismal Certificate with notations. If notations as to when you received the Sacrament of Confirmation and when you were married as a Catholic are not on the certificate, then certificates of those sacraments must also be submitted. If you have trouble getting your sacramental certificates contact the church office.

### **Formation as an EMHC**

I attended the workshop for EMHC offered by the Archdiocese ( ) Yes ( ) No

Date: \_\_\_\_\_ Place: \_\_\_\_\_

I attended a similar workshop for EMHC ( ) Yes ( ) No

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Description: \_\_\_\_\_

### **SACRAMENTAL INFORMATION**

I was **BAPTIZED** in infancy ( ) Yes ( ) No

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Denomination \_\_\_\_\_

I am a **CONVERT, BAPTIZED** at the **AGE** of: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Denomination \_\_\_\_\_

#### **PROFESSION OF FAITH AS A ROMAN CATHOLIC:**

Date: \_\_\_\_\_ Place: \_\_\_\_\_

#### **FIRST COMMUNION AS A ROMAN CATHOLIC:**

Date: \_\_\_\_\_ Place: \_\_\_\_\_

#### **CONFIRMATION AS A ROMAN CATHOLIC:**

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**MARITAL/FAMILY STATUS**

( ) Single    ( ) Married    ( ) Widowed    ( ) Separated    ( ) Divorced

Note: Divorced Catholics, who have not remarried outside the church, can be EMHC.

Number of years in current marriage: \_\_\_\_\_

Were you previously married:    Yes \_\_\_\_\_    No \_\_\_\_\_

If previously married, how did that marriage terminate?

Previous spouse died \_\_\_\_\_    Civil divorce \_\_\_\_\_

Date of spouse's death or divorce: \_\_\_\_\_

If you have ever obtained a civil divorce, have you obtained an annulment?

Yes \_\_\_\_\_    No \_\_\_\_\_

If yes: Date Granted: \_\_\_\_\_

Granted by: (Arch) Diocese \_\_\_\_\_

**IF MARRIED, COMPLETE THE FOLLOWING:**

Spouse's name: \_\_\_\_\_

Was your spouse previously married:    Yes \_\_\_\_\_    No \_\_\_\_\_

If previously married, how did that marriage terminate?

Previous spouse died \_\_\_\_\_    Civil divorce \_\_\_\_\_

Date of spouse's death or divorce: \_\_\_\_\_

If they have ever obtained a civil divorce, did they obtain an annulment?

Yes \_\_\_\_\_    No \_\_\_\_\_

If yes: Date Granted: \_\_\_\_\_

Granted by: (Arch) Diocese \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*Return this application and the certificates of your sacraments in a sealed envelope to the church office.*