LITURGICAL MINISTRY

COMMITTMENT FORM

Liturgical Minister Contact Information		
	Name:	
	Street:	
	City/Zip:	
	Phone:	Alt. Phone:
	E-mail Address:	

Ministry / Mass Preference		
	( ) Extraordinary Minister of Holy Communion	( ) Saturday, 4 p.m. ( ) Sunday, 8 a.m. ( ) Sunday, 12 noon ( ) Sunday, 10 a.m. ( ) Sunday, 5/7 p.m.
	( ) Lector	
	( ) Extraordinary Minister of Holy Communion to the Sick	

Training/ Commissioning - Blessing		
	Date of Training:	Trainer's Name:
	Date Name Sent to Lansing:	Date of Approval Rec'd:
	Date of Commissioning/Blessing:	Priest:
_____ Certificate On File	_____Date Information Sent to Scheduler	_____ Added to Outlook/Email Group

Ministry Commitment History					
Year	Annual Gathering	Name to Lansing	Approval Recd.	Date Re-Commissioned	Other