

DIOCESE OF BUFFALO
Catholic Center
795 Main Street
Buffalo, New York 14203-1250

OFFICE OF WORSHIP
(716)847-5545

APPLICATION FOR MINISTER OF HOLY COMMUNION

PARISH/SCHOOL/INSTITUTION SENDING CANDIDATE: _____

LAST NAME OF CANDIDATE: _____

NAME OF CANDIDATE (PLEASE PRINT/TYPE)

STREET ADDRESS

CITY / TOWN & ZIP CODE

PHONE NUMBER: _____ DATE OF BIRTH: _____ AGE: _____

Please **circle one** of the following. The Candidate is:

Married

Divorced

Single

Widow/er

Seminarian

A member of a Religious Community

Permanent Deacon Candidate

Approximate **date of Confirmation:** _____

NAME AND LOCATION OF PARISH/INSTITUTION SENDING THE CANDIDATE:

PLACE OF TRAINING SESSION CANDIDATE IS ATTENDING: _____

DATE OF TRAINING: _____

SEAL:

PASTOR / CHAPLAIN SIGNATURE

PLEASE RETURN TO THE OFFICE OF WORSHIP AT LEAST 7 DAYS BEFORE THE TRAINING SESSION.

THANK YOU!