

† LITURGY †

SAINT PETER CLAVER CATHOLIC CHURCH

LITURGICAL MINISTRY APPLICATION AND INFORMATION SHEET

Please return this form to the Parish Office when completed.

**Please mark your area(s) of interest:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Extraordinary Minister of Holy Communion | <input type="checkbox"/> Altar Server/Sacristan  | <input type="checkbox"/> Music (Instrument) |
| <input type="checkbox"/> Extraordinary Minister to the Sick       | <input type="checkbox"/> Hospitality/Commentator | <input type="checkbox"/> Music (Cantor)     |
| <input type="checkbox"/> Lector                                   | <input type="checkbox"/> Hospitality/Greeter     | <input type="checkbox"/> Music (Choir)      |
|   | <input type="checkbox"/> Hospitality/Usher       |   |
|   | <input type="checkbox"/> Liturgical Environment  |   |

Name: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been a member at St. Peter Claver? \_\_\_\_\_

Best time to call? \_\_\_\_\_ What Sunday Mass do you normally attend? \_\_\_\_\_

Date of VIRTUS Training: \_\_\_\_\_ Date of fingerprinting: \_\_\_\_\_

**Sacramental Information:**

BAPTISM: Date: \_\_\_\_\_ Church: \_\_\_\_\_  
City and State: \_\_\_\_\_

CONFIRMATION: Date: \_\_\_\_\_ Church: \_\_\_\_\_  
City and State: \_\_\_\_\_

EUCCHARIST: Date: \_\_\_\_\_ Church: \_\_\_\_\_  
City and State: \_\_\_\_\_

MATRIMONY: *mark one:*     Single     Married     Divorced     Widowed     Separated  
*If married, mark one:*     By Priest     Civil Ceremony     Other  
Date: \_\_\_\_\_ Church: \_\_\_\_\_  
City and State: \_\_\_\_\_

**Other information:**

Have you served in a Liturgical Ministry before? (*Please indicate Parish and Ministry*):

What formal training and/or certifications have you received?

**Office Use:**

Ministry Training: \_\_\_\_\_ Practicum: \_\_\_\_\_ Sent for scheduling: \_\_\_\_\_  
Date Filed: \_\_\_\_\_