

**CATHOLIC CHURCH OF SAINT MONICA
EXTRAORDINARY MINISTER OF HOLY COMMUNION
INTERVIEW FORM**

Name _____ Date _____

Address _____

Home Phone _____ Work Phone _____ e-mail _____

Age _____ Date of Birth _____ Sex: Male Female

SACRAMENTAL INFORMATION (Circle)

Baptism	yes	no
First Eucharist	yes	no
First Reconciliation	yes	no
Confirmation	yes	no

MARITAL INFORMATION

Are you presently: Single _____ Engaged _____ Married _____

Separated _____ Widowed _____ Divorced _____

If married or engaged, is this your first marriage? _____

If married or engaged, is this your spouse/fiancé's first marriage? _____

Were you married in the Catholic Church? _____

MINISTRY INFORMATION

Is your spouse or child(ren) involved in liturgical ministry? _____

As what? _____

Do you serve in any other ministries within the parish, if so what? _____

Why do you want to be a Extraordinary Minister of Holy Communion?
