Diocese of Western Massachusetts

Application
Eucharistic Minister

1. Name:_____ _____ _____
   Last First Initial

2. Address: _____
   Number Street

   _____
   City/Town

3. Phone: _____ _____
   Home Number Business Number

4. Date of Birth:_____

   Date of Baptism:_____ Church:_____

   Date of Confirmation: _____ Church: _____

5. Congregation: _____ City/Town:_____

6. Recommended by the Rector, Vicar, or Clergy in Charge of the congregation who certifies that appropriate training has been completed:

   Date: _____ Signature: _____

7. Approved by the Vestry or Executive Committee

   Date: _____ Signature: _____

8. Approved by the Bishop of Western Massachusetts:

   Date: _____ Signature: _____