



Diocese of Fall River

Extraordinary Minister of Holy Communion Petition

Where the ministry will be exercised:

Parish / Hospital / School: _____

City / Town: _____

Information about the person to be considered:

Name: _____
(Mr./Mrs./Ms.) (First Name) (Last Name)

Address: _____

Phone Number: _____ Email Address: _____

City / Town: _____ State: _____ Zip: _____

Home Parish: _____

Age: _____ Occupation: _____

Marital status: _____

Will this person be serving as an EMHC to the Sick and Homebound? yes no

Attestation of the Pastor:

1. That this person is outstanding in Christian life, faith and morals.
2. That this person is a fully initiated member in communion with the Holy Catholic Church and has reached his/her 16th birthday.
3. That this person is free of impediments and has freely consented to assume the role of Extraordinary Minister of Holy Communion.
4. That this person has successfully completed and passed a Criminal Offender Record Information (CORI) check and Safe Environment Online Training for Lay Volunteers.
5. That I am willing to assume responsibility for the continual spiritual development of this person as it relates to the exercise of the office of EMHC.

Pastor's Signature

Date