



DIOCESE OF BUFFALO  
OFFICE OF WORSHIP

### Extraordinary Minister of Holy Communion Application for Formation and Ministry

*Please PRINT all responses and return the application to the Office of Worship  
with a \$35 fee to cover expenses (personal or parish check).*

*Candidates will be contacted to schedule a formation session convenient to them.*

Full Name: \_\_\_\_\_  
LAST FIRST MI

Street Address: \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Approx. Date of Confirmation: \_\_\_\_\_

Candidate's Vocational Status:     Single                     Married  
 Divorced             Widow/er             Seminarian             Permanent Deacon Candidate

Church/Institution Sending the Candidate & Location:  
\_\_\_\_\_, NY

Parish Family # \_\_\_\_\_ Pastor/Chaplain: \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE SEAL WITH CHURCH SEAL

TO BE COMPLETED BY THE OFFICE OF WORSHIP  
CHURCHES IN THE FAMILY OF PARISHES:

\_\_\_\_\_  
\_\_\_\_\_

FORMATION SESSION DATE/LOCATION: \_\_\_\_\_