



# Liturgical Minister Information

Please return completed form to  
Brian Guillot - Pastoral Associate

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Registered at St. Joseph?  Yes  No How Long: \_\_\_\_\_

## Ministry Preference *(mark all that apply)*

- MC  EMHC  Lector  Altar Server  
 Sacristan  Greeter  Usher

## Mass Preference *(mark all that apply)*

- Sat 5pm  Sun 9am  Sun 11:30  Sun 5pm  
 Daily  School  Funeral  Wedding

For MC, EMHC, Lector, and Sacristan only:

- Have you received the Sacrament of Confirmation?  Yes  No  
 Single  Married (in Catholic Church)  Married (not in Catholic Church)  
 Divorced  Annulled  Widowed  Separated

*I certify that all the information I have given is accurate to the best of my knowledge.*

- I agree to:*
- Attend training and meetings scheduled by the parish.
  - Serve as scheduled.
  - Attend Sunday Mass and receive the Sacraments.
  - Live a lifestyle consistent with the Church's teachings and values.
  - Support the mission and vision of St. Joseph Church.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date