



DIOCESE OF LANSING

APPLICATION FOR PERMISSION TO COMMISSION EXTRAORDINARY MINISTERS OF HOLY COMMUNION

Table with 6 columns: NAME OF CANDIDATE, DISTRIBUTES AT MASS, TAKES TO SICK, NAME OF CANDIDATE, DISTRIBUTES AT MASS, TAKES TO SICK. Multiple rows for candidate information.

Parish or Institution: _____

City: _____ Phone: _____

Recommendation: _____ Dated: _____

Signature of Pastor / Pastoral Coordinator

Note: Once permission is granted, the pastor may commission these ministers. The commission expires in two years, but can be renewed after training and prayerful discernment. Therefore, submit the names of both veteran and newly-trained ministers. Use additional sheets as required. Please send to the Office of Worship, 228 North Walnut, Lansing, MI 48933.

Approval: _____ Dated: _____ Director, Office of Worship

NAME OF CANDIDATE

DISTRIBUTES
AT MASS

TAKES
TO SICK

NAME OF CANDIDATE

DISTRIBUTES
AT MASS

TAKES
TO SICK

(form updated 03/26/10)