

## **APPLICATION FOR MINISTRY**:

## Lector/Extraordinary Minister of Holy Communion (EMHC)

An online version of this form is available at the parish website—www.stmaryum.org. If you prefer not to submit your request online, please complete the form and place it in an envelope marked "LECTOR APPLICATION FORM" OR "EMHC APPLICATION FORM" and either mail or drop it off at the Parish Office at 14908 Main Street, Upper Marlboro, MD 20772. Questions: Contact the Parish Office at 301-627-3255.

I. BASICS:	(Check all	that apply) _	EMHC	1	LECTOR
NAME:			Age	_ Male	Female
ADDRESS:					
TELEPHONE	#s:			(Indicat	e if home, cell, wo
EMAIL ADDRE	ESS:				
I. FULL INITIATIO	ON CHECK-UP: Che	eck if you have recei	ved		
Baptism					
		(Church)	(Year)		
		(City/State)			
_ Confirmation					
		(Church)	(Year)		
		(City/State)			
First Holy Com	nmunion	(Church)	(Year)		
II. BACKGROUN  MARITAL STA  Were you mar  If single, what		(City/State)  urch? ?			- - -
	ouples or un-annulled k if you need an appo			ointment w	ith the
CRIMINAL RE	CORD Yes	No			
Do you have o	one for any offense? If	yes, you will need an	appointment wi	th the past	or.
PREVIOUS M	· INISTRY/CHURCH EX	(PERIENCE			
		<u></u>			
V. OTHER BACK	GROUND (List any	other vital informatio	n):		
			•		
/. PARISHIONER	t: Yes How I	_ong	No		
CONTACT PER	SONS:				
	Carolyn Wood Lisa Caltabiano	240-401-6274 410-974-8353		n@msn.co caltabiano	o <u>m</u> o@gmail.com

Thank you for your interest. We will be in contact with you within seven days. If you wish to contact the parish office, call (301) 627-3255.