

Please complete the upper portion of this card for any additional Catholic Adult living in your home.

Name _____

Date of Birth _____ Single ___ Married ___ Widowed ___ Divorced ___

CURRENTLY SERVING MY PARISH FAMILY

Circle both M/F if applicable to two adults in household

In the Sacristan Ministry ___ M F
 In the Flower Guild ___ M F
 As a Liturgical Minister:
 Extraordinary Minister of Holy Communion ___ M F
 Lector ___ M F
 Greeter ___ M F
 Usher ___ M F
 Music Ministry ___ M F
 Extraordinary Minister of Holy Communion to the sick/homebound ___ M F
 As a Catechist ___ M F
 Serve on a Pastoral Council Commission:
 Communications ___ M F
 Family Life ___ M F
 Hospitality ___ M F
 Outreach: Parish Outreach ___ M F
 Community Outreach ___ M F
 Hispanic Outreach ___ M F
 Special Programs ___ M F
 Youth ___ M F
 As an Altar Sodality Member ___ M F
 As a Knight of Columbus ___ M F
 As a Scout Leader ___ M F
 As a Youth Team Member ___ M F
 Other: _____ M F

WILLING TO SERVE MY PARISH FAMILY

Circle both M/F if applicable to two adults in household

In the Sacristan Ministry ___ M F
 In the Flower Guild ___ M F
 As a Liturgical Minister:
 Extraordinary Minister of Holy Communion ___ M F
 Lector ___ M F
 Greeter ___ M F
 Usher ___ M F
 Music Ministry ___ M F
 Extraordinary Minister of Holy Communion to the sick/homebound ___ M F
 As a Catechist ___ M F
 Serve on a Pastoral Council Commission:
 Communications ___ M F
 Family Life ___ M F
 Hospitality ___ M F
 Outreach: Parish Outreach ___ M F
 Community Outreach ___ M F
 Hispanic Outreach ___ M F
 Special Programs ___ M F
 Youth ___ M F
 As an Altar Sodality Member ___ M F
 As a Knight of Columbus ___ M F
 As a Scout Leader ___ M F
 As a Youth Team Member ___ M F
 Other: _____ M F

Please indicate, unless we are already doing so, if this parish can serve you in any of the following ministries:

___ Bringing the Eucharist to you or someone homebound at this residence
 ___ Care Team Ministry to you or to a relative in your home
 ___ Transportation assistance for the sick/elderly to church or doctor
 ___ Light maintenance/minor home repairs for elderly

___ Outreach to you as a single parent
 ___ Outreach to you as a recent divorcee
 ___ Other—please specify: _____

Office Use Only	
CMS	___
Env	___
One Voice	___
CC	___
Rolodex	___
Newcomer Packet	___