

St. John Vianney Parish Eucharistic Minister Information Form

Name _____ Date _____

Address _____ City _____ Zipcode _____

Home Phone _____ Work/Cell Phone _____

E-mail address _____

Please Print Clearly!

How long have you been a member of St. John Vianney Parish? _____

Church where you were baptized: _____

City _____ State _____ Year of Baptism: _____

Church Where you celebrated First Communion: _____

City _____ State _____ Year of 1st Communion: _____

Church were you celebrated Confirmation: _____

City _____ State _____ Year of 1st Confirmation: _____

Marital Status: Single Married Widowed Divorced Divorced/Remarried

Church where you were married/remarried: _____

City _____ State _____ Year: _____ Year(s): _____
(First Marriage) (Other Marriages)

Why do you want to be a Eucharistic Minister? _____

FOR OFFICE USE:

| | |
|--------------------------|--------------------------|
| Signatures: | Date: |
| Father Francisco: | |
| Trained by: | Date of Training: |
| | |
| | |

(See reverse side for Spanish)