

Archdiocese of Oklahoma City

Application for Archdiocesan Corp of Episcopal Servers



Please fill out and return this form by October 15th by email to Father Zachary Boazman (zachary.boazman@archokc.org) and Bethany Heid (bheid@archokc.org).

Applicant's Name: _____

Parents' Names, if applicant is under 18 years of age: _____

Address: _____

City

State

Zip

Best contact email: _____

Best contact phone number: _____

Applicant's Age: _____ Applicant's Height: _____

High School Grade Level ____ Year in College or University: ____ Hours Per Week Working ____

Parish Name: _____

School Name: _____

Please briefly describe the applicant's altar service experience:

Applicant's Signature/Date: _____

Parent's Signature/Date: _____

Pastor's Signature/Date: _____