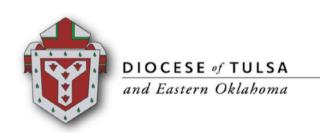


2024- 2027 APPLICATION FOR MANDATE TO SERVE AS EXTRAORDINARY MINISTER OF HOLY COMMUNION

Parish / Institution:			
Mailing Address:			
	City	State	Zip Code
By my signature below	, I hereby attest t	hat:	
There is a general parish/institut		xtraordinary Ministers	s of Holy Communion in this
•			the parish/institution as nd are fully initiated; and
•		list have received app norms and guideline	oropriate formation in es.
Pastor / Adminis	trator / Chaplain		Date
	lianne.obrien@		t to the attention of Julianne or mail (Diocese of Tulsa, PO
_	rein the privilege of one on to the Sick and H	listributing Holy Communi	ion during the Celebration of Mass and/med parish or institution of registration.
Bishop of Tulsa		Date	



Complete Name	Phone	Email	Distrik at Mass	oution to Sick
(sample) Last Name, Baptismal Name	###-###-###	your.name@domain.com	X	X
				_
		0		