



**DIOCESE OF HARRISBURG  
APPLICATION FOR MANDATE  
EXTRAORDINARY MINISTER OF HOLY COMMUNION ■ PARISH**

**Please check:**

- NEW Mandate  
 RENEW Mandate

*A mandate is requested for:*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parish of Registration: \_\_\_\_\_ Town: \_\_\_\_\_

Those who are chosen to be Extraordinary Ministers of Holy Communion must be at least in their senior year of high school, known for a good Catholic manner of living and for service to the parish and the community. Ordinarily, they should be persons who have resided in their parish of registration for some time and, therefore, are known to the pastor and people of the parish. The mandate of the Bishop continues in force for three years or until decided otherwise by the pastor, or the Extraordinary Minister of Holy Communion; or if the person leaves the parish or institution, that then ends the mandate.

*All those to be mandated must attend a Diocesan Training Session for Extraordinary Ministers. This applicant will attend:*

Date of Training Session: \_\_\_\_\_

Parish Location of Training Session: \_\_\_\_\_

**ATTESTATION OF PASTOR:** I have personally interviewed the candidate and find that he/she is qualified to be an Extraordinary Minister of Holy Communion. I request that this person receive a mandate to serve as an Extraordinary Minister of Holy Communion at:



\_\_\_\_\_  
Name of Parish Parish Town

\_\_\_\_\_  
Signature of Pastor Date

*Please submit this application with the \$12 registration fee at least one week before the Training Session. Sessions must have at least 10 participants to be held.*

Make checks payable to "Diocese of Harrisburg" and mail to:

Office for Divine Worship - Diocese of Harrisburg - 4800 Union Deposit Road - Harrisburg, PA 17111

HCAS Request for payment

Parish No. (5xxxx)	Fund No. (xxxx)	Cost Center (xxxx)	Phys. Loc (xxxx)	Program (xxxx)	Funding Source (xxxx)	Event (xxxx)	Organization (xxxx)	Department (xxxx)	AMOUNT \$

Approved by: \_\_\_\_\_