

## DIOCESE OF LITTLE ROCK

2500 North Tyler Street • PO Box 7565 • Little Rock, Arkansas 72217 • (501) 664-0340 • www.dolr.org

## APPLICATION FOR MANDATE TO SERVE AS EXTRAORDINARY MINISTER OF HOLY COMMUNION

Parish/instit	ution:						
Mailing <b>Add</b> r	ress:						
	City	State	Zip				
By my signatu	re below, I hereby attest that:						
•	There is a genuine need for Extr	raordinary Ministers of Holy Communion	in this parish/institution;				
•	The persons on the attached list	t are well-known in the parish/institution	as exemplary Catholics; and				
•	The persons on the attached list norms;	ersons on the attached list have received appropriate catechesis in accordance with diocesan 5;					
	DATE	PASTOR/ADMINIST	rator				

Please send this completed form and the attached list to the attention of Susi Blanco, Secretary for the Chancery, via e-mail (<a href="mailto:sblanco@dolr.org">sblanco@dolr.org</a>); facsimile (501-265-0108); or mail.

## **Instructions:**

- Give the person's **complete** name; include nickname in brackets.
- Indicate whether the person will serve only at Mass (M), or to the Sick (S), or both (B).
- Indicate if the mandate should be issued in English (E) or Spanish (S). ID cards for Ministers to the Sick will be issued in English, but can be requested in Spanish also.
- If there is some reason a mandate cannot be issued, the reason will be indicated.

Name of Parish:	Expiration Date:			
Complete Full Name (With Nickname in brackets)	Mass/ To Sick/ Both M/S/B	English or Spanish E or S	Reason for not issuing  Mandate  Chancery Use Only	

Complete Full Name (With Nickname in brackets)	Mass/ To Sick/ Both M / S / B	English or Spanish E or S	Reason for not issuing Mandate Chancery Use Only