



**PETITION FOR  
EXTRAORDINARY MINISTER OF HOLY COMMUNION  
DIOCESE OF ORLANDO**

*The box below must be completely filled in electronically. Handwritten or incomplete forms cannot be accepted.  
If you need assistance filling in this form electronically, please contact your parish office or EMHC Coordinator.*

Name: _____	Date of Birth: _____ <small>(mm/dd/yyyy)</small>
Home Address: _____	
Daytime Phone Number: _____	Evening Phone Number: _____
Email Address: _____	
Parish of Registration: _____	City: _____
Location of Scheduled Diocesan Formation Session: _____ <small>(Please include location name and city)</small>	
Date of Scheduled Diocesan Formation Session: _____	

**ATTESTATION OF THE PASTOR**

I attest:

1. That this candidate is known to me;
2. That this candidate has been interviewed and found to be an exemplary member of this Catholic community, to have a good understanding of the vocation to be a baptized, confirmed Christian, to have a proper understanding of the theology of the Eucharist, and to be aware of the obligation to try to lead a holy life;
3. That this candidate is free of impediments and has freely consented to assume the role of Extraordinary Minister of the Holy Communion;
4. That this candidate has completed the Diocesan Safe Environment Training; and
5. That I am willing to assume responsibility for the continual spiritual development of this candidate as it relates to the exercise of the office of Extraordinary Minister of Holy Communion.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

(Parish Seal)

*This petition along with the \$15 registration fee must be received no later than the Wednesday prior to the requested Diocesan Training Session for processing. Mail to: Office of Liturgy ~ Diocese of Orlando ~ P.O. Box 1800 ~ Orlando, FL 32802.*

**GRANTING OF MANDATE BY THE BISHOP (after the successful completion of diocesan sponsored training)**

As Bishop of the Diocese of Orlando, I grant the above named candidate the privilege of distributing Holy Communion during the Celebration of Mass in the above named parish of registration. This mandate is granted for five years from the calendar year of signature.

\_\_\_\_\_  
Bishop's Signature

\_\_\_\_\_  
Date

Office of Liturgy use only.

Received:

Class completed: