

LITURGICAL MINISTER'S
INFORMATION UPDATE

Date: _____

Name: _____

Address: _____

Phone: _____ cell: _____

email: _____

Ministry: (check all that apply)

_____ EXTRAORDINARY MINISTER OF HOLY COMMUNION

_____ LECTOR

_____ SACRISTAN

_____ ALTAR SERVER

_____ CANTOR

Mass Preference: (check all that apply)

_____ 5:00p.m. Saturday

_____ 8:00a.m. Sunday

_____ 10:00a.m. Sunday

_____ Noon Sunday (Spanish)

_____ 5:00p.m. Sunday

Holydays:

_____ 12:10p.m.

_____ 7:00p.m.

Please do not schedule me for the following dates:

Leave completed form in folder at Liturgical Minister's sign in table.

Thanks,

St. Rose Liturgy Office

johnm@stroselima.org