

**DIOCESE OF BUFFALO**  
**Catholic Center**  
795 Main Street  
Buffalo, New York 14203-1250

**OFFICE OF WORSHIP**  
**(716) 847-5545**  
**Fax (716) 847-2206**

**APPLICATION FOR MINISTER OF HOLY COMMUNION**

(Please PRINT all responses on this form.)

Last Name of Candidate: \_\_\_\_\_

Full Name of Candidate:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Please **circle one** of the following. The Candidate is:

Married    Divorced    Single    Widow/er    Seminarian    Permanent Deacon Candidate

Approximate date of Confirmation: \_\_\_\_\_

(We do not need the location of your Confirmation, just the approximate date)

**NAME AND LOCATION OF PARISH / INSTITUTION SENDING THE CANDIDATE:**

\_\_\_\_\_

**DATE AND PLACE OF TRAINING SESSION CANDIDATE IS ATTENDING:**

\_\_\_\_\_

**SEAL:**

\_\_\_\_\_  
**PASTOR / CHAPLAIN SIGNATURE**

THIS FORM MUST HAVE THE SEAL OF YOUR PASTOR/CHAPLAIN TO BE COMPLETE.

**PLEASE RETURN THIS FORM TO THE OFFICE OF WORSHIP AT LEAST**

**7 DAYS BEFORE THE TRAINING SESSION. THANK YOU!**