

Date: \_\_\_\_\_

## EUCHARISTIC MINISTER INTERVIEW FORM

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**SACRAMENTAL INFORMATION: (PLEASE CIRCLE)**

BAPTISM	YES	NO
FIRST EUCHARIST	YES	NO
FIRST RECONCILIATION	YES	NO
CONFIRMATION	YES	NO

**MARITAL INFORMATION:**

ARE YOU PRESENTLY: SINGLE \_\_\_\_\_ ENGAGED \_\_\_\_\_ MARRIED \_\_\_\_\_  
SEPARATED \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCED \_\_\_\_\_

IF MARRIED OR ENGAGED, IS THIS YOUR FIRST MARRIAGE? \_\_\_\_\_

IF MARRIED OR ENGAGED, IS THIS YOUR SPOUSE/FIANCE'S FIRST MARRIAGE? \_\_\_\_\_

WERE YOU MARRIED IN THE CATHOLIC CHURCH? \_\_\_\_\_ IF NOT, WHERE? \_\_\_\_\_

**MINISTRY INFORMATION:**

AT WHICH MASS WOULD YOU PREFER TO BE SCHEDULED? \_\_\_\_\_

IS YOUR SPOUSE/FIANCE OR CHILD(REN) INVOLVED IN LITURGICAL MINISTRY? \_\_\_\_\_

ARE THEY: LECTOR \_\_\_\_\_ USHER \_\_\_\_\_ EUCHARISTIC MINISTER \_\_\_\_\_ CHOIR \_\_\_\_\_  
ALTER SERVER \_\_\_\_\_

PLEASE LIST ANY OTHER MINISTRIES YOU SERVE WITHIN THE PARISH: \_\_\_\_\_

WHY DO YOU WANT TO BE A EUCHARISTIC MINISTER? \_\_\_\_\_