

MINISTER OF THE EUCHARIST

SURNAME: _____

NAME: _____

ADDRESS: _____

NAME OF SPOUSE: _____

TEL. NO: (H) _____ (W) _____

OCCUPATION: _____

STATUS: _____

DEPENDANT CHILDREN: _____

DATE & PLACE OF BAPTISM: _____

DATE & PLACE OF CONFIRMATION: _____

DATE & PLACE OF MARRIAGE: _____

PLACE OF WORSHIP: _____

SUNDAY EUCHARIST: _____

WEEKDAY EUCHARIST: _____

CENSUS: _____

MINISTRY: _____

MINISTRY COMMENCEMENT: _____

PLEDGE: _____

DATE OF FIRST COMMISSIONING: _____

