

Special Mass Ministry Request

Office Use Only **Date:** _____

All special Mass ministry needs must be requested at least 45 days prior to the Mass using this form. Turn in completed form at the church office to Kathy Bartlett. Thank you!

Name of special Mass: _____

Date/time: _____

Coordinator's name: _____

Coordinator' phone number: _____

Coordinator's email: _____

Your group's contact person at the mass: _____

Expected attendance at the mass: _____

Name of Celebrant and Deacon (if you know): _____

Location of Mass (circle one): Sanctuary Chapel

Music Ministry

Do you need music? (circle one): YES NO

Altar Servers

Do you need Altar Servers? (circle one): YES NO

Have you already or will be recruiting Servers from your group? (circle one): YES NO

Names: _____

Will a Bishop be a celebrant? (circle one): YES NO

Eucharistic Ministers

Do you need Eucharistic Ministers? (circle one): YES NO

How many EMs do you need?: _____

Have you already or will be recruiting EMs from your group? (circle one): YES NO

If yes, list their name and contact information

Name: _____

Phone number: _____ Email address: _____

Name: _____

Phone number: _____ Email address: _____

Name: _____

Phone number: _____ Email address: _____

If more EMs, list on back.

Lectors

Do you need Lectors? (circle one): YES NO

Are there special readings? (circle one): YES NO

If yes, list the special readings: _____

How many Lectors do you need?: _____

Have you already or will be recruiting Lectors from your group? (circle one): YES NO

If yes, list their name and contact information

Name: _____

Phone number: _____ Email address: _____

Name: _____

Phone number: _____ Email address: _____

Name: _____

Phone number: _____ Email address: _____

