

St. Agnes Cathedral - Extraordinary Minister of the Holy Communion - Information Sheet

NAME: _____

ADDRESS: _____

PHONE: _____ **E-MAIL** _____

_____ Check here if you will **ONLY** bring Communion to the Sick or Homebound, and **circle** the area(s) where you will go. You do not need to complete the rest of this form, but this information sheet **must still be returned**.

Where do you want to bring Communion to the Sick? Home Nursing Home Hospital

1) The weekend Masses I usually attend (*Please circle all that apply*):

Saturday: 5:00 PM; 7:30 PM Lower Hall; 7:30 PM - Cathedral - Spanish Mass

Sunday: 7:00 AM; 8:00 AM; 9:30AM; 10:30AM - Lower Hall; 11:00AM; 12:30 PM; 5:00 PM

2) Are you willing to serve at a hard to fill mass at least once every 6 weeks? *Which ones?*

Saturday: 5:00 PM **Sunday:** 12:30 PM; 5:00PM

3) Would you be willing to serve or substitute at weekday mass? *Which one(s)?* 7:45AM; 9:00AM; 12:10PM

4) Would you be willing to serve any of the following liturgies?

Holy Thursday 8:00PM?: Yes No *Good Friday 3:00PM?:* Yes No *Good Friday 8:00PM?:* Yes No

5) The Easter Masses I more often attend (*Circle all that apply*): *Holy Saturday:* 8:00 PM Easter Vigil

Easter Sunday: 7:00AM; 8:00AM; 9:30AM; 10:30AM - Center; 11:00AM; 12:30 PM Cathedral
12:30 PM Parish Center

6) The Christmas Masses I more often attend: (*for 4:00PM & 5:30PM, circle times & locations*)

Christmas Eve: **4:00PM:** Cath. **or** Center **or** Lower Hall; **5:30PM:** Cath. **or** Center;

Christmas Day (Cathedral): 7:00 AM; 8:00 AM; 9:30 AM; 11:00 AM; 12:30 PM;
12:30 PM Parish Center

7) Masses on Holy Days of Obligation I more often attend (*Circle all that apply*): *Eve of Holy Day:* 5:00PM

Holy Day: 6:30 AM; 7:45 AM; 9:00 AM; 10:30 AM; 12:10 PM; 7:30 PM

Please complete this form and return by Sept. 15, 2009 to:

Kathryn Sena
c/o St. Agnes Cathedral
29 Quealy Place
Rockville Centre, NY 11570

THANK YOU!