EMHC NOMINATING FORM

DATE: _____ NAME OF REQUESTING MINISTER: _____

PARISH / COMMUNITY: _____

Dear Bishop Amos:

The following persons are presented to you for delegation as Extraordinary Ministers of Holy Communion, for a period of three years:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I attest that these individuals have been selected and prepared in accordance with applicable Diocesan Policy and Church Law, including *Redemptionis sacramentum* §155, *The Code of Canon Law* c.230 §3, and the *Norms for the Distribution and Reception of Holy Communion Under Both Kinds in the Dioceses of the United States* §28.

Signature: _____
(Pastor, Priest-Chaplain, Parish Life Administrator, Religious Superior)