



**DIOCESE OF CAMDEN**  
*Office of Worship and Christian Initiation*

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**APPLICATION FOR AN EXTRAORDINARY MINISTER OF HOLY COMMUNION**

**Cost: \$50, Both the Zoom meeting and one in-person session is required for certification**

**Tuesday April 1, 2025; Zoom, 7:00-9:00pm**

**In-Person Sessions (Choose One)**

\_\_\_ **Wednesday April 2, 2025, 7:00-9:00pm, Incarnation Parish**  
**240 Main Street Mantua, NJ 08051**

\_\_\_ **Tuesday April 8, 2025, 7:00-9:00pm, Our Lady Star of the Sea Parish**  
**520 Lafayette Street Cape May Point, NJ 08204**

All participants must be pre-registered. This form is to be completed and signed by the pastor of the requesting minister's parish (or the administrator of a comparable diocesan agency or program).  
Please type or print clearly, scan and email, or mail with payment, to the address above.

NAME \_\_\_\_\_

PARISH OR INSTITUTION / CITY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL and PHONE \_\_\_\_\_

I AM A CONFIRMED CATHOLIC AT LEAST 15 YEARS OF AGE? Yes / No

I HAVE PREVIOUSLY SERVED AS AN EMHC? Yes / No

I HAVE ATTENDED A SCHOOL OF LITURGY SESSION IN THE PAST? Yes / No

IF SO, WHEN? \_\_\_\_\_

PAYMENT WILL BE MADE BY: Mailing check payable to "Diocese of Camden" / Bill my Parish

**PASTOR / ADMINISTRATOR AFFIRMATION**

*I, the undersigned, do hereby certify that I have personally interviewed the candidate. This individual meets the qualification outlined in Immensae Caritatis, is bound by no canonical impediment, and is willing to serve as an extraordinary minister of Holy Communion. I will support them in this ministry and in their ongoing liturgical formation.*

Pastor / Administrator Signature \_\_\_\_\_

Parish / Institution (if different from above) \_\_\_\_\_