



DIOCESE OF CAMDEN
Office of Worship and Christian Initiation

Michael Bedics
631 Market St., Camden NJ 08102

Michael.Bedics@camdendiocese.org
Phone: 856-583-2865

APPLICATION FOR AN EXTRAORDINARY MINISTER OF HOLY COMMUNION

All who are interested are welcome, including those who may have unique or special needs.
Please contact us so that we may arrange for proper accommodations, and help you navigate as needed.

Date: Saturday January 17, 2026

Cost: \$50

Time: 8:30am-12:30pm

**Location: Our Lady of Hope Parish, McGivney Room in the Parish Family Center
701 Little Gloucester Road Blackwood, NJ 08012**

Please type or print clearly, scan and email to the email address above.,

If mailing with payment, please allow ample time for delivery to the address above.

NAME _____

PARISH OR INSTITUTION / CITY _____

HOME ADDRESS _____

EMAIL and PHONE _____

ANY UNIQUE OR SPECIAL NEEDS _____

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

All participants must be registered in advance. All those in attendance whose registration is signed by the pastor of the requesting minister’s parish, the administrator of a comparable diocesan agency or program, or the pastoral associate / staff member / liturgy coordinator responsible for lectors and/or all liturgical ministers, will receive three-year diocesan certification. Certificates will be mailed to the parish, not the individual.

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) _____