

LECTOR MINISTRY
Holy Spirit Catholic Church
17270 Ward Street
Fountain Valley, California

Date: _____

Please provide the following information:

Name _____

Street Address _____

City _____ Zip Code _____

Home Telephone: _____

Email Address (required): _____

I have received the three Sacraments of Initiation:

- Baptism, Eucharist and Confirmation: YES _____ NO _____

I faithfully participate in Mass on Sundays and Holy Days of Obligation and give witness to my faith in Jesus Christ by regularly receiving Communion: YES _____ NO _____

(For married Catholics): I am validly married according to the laws of the Catholic Church. I actively strive to live out my commitment to Christ and to the community life of the church by my loving response to those with whom I come in daily contact: YES _____ NO _____

Are you a Registered Member of Holy Spirit Catholic Church? YES _____ NO _____

Prior public speaking experience (if any): _____

Mass Preferences (select all desired):

Saturdays 5:00 PM____; 6:30 PM ____; 8:00 PM_____.

Sundays 7:30 AM____; 9:00 AM____; 10:30 AM____; 12 Noon_____

Sundays 1:30 PM____; 3:15 PM____; 5:00 PM____; 6:30 PM_____.

Please complete and return this form to:

Holy Spirit Catholic Church
17270 Ward Street
Fountain Valley, California 92708