



Altar Server Registration Form

Parish Number: _____

Altar Server Information

Altar Servers' Name: _____

Birth Date: ____/____/____ **Age:** _____

Current grade level in school (*Circle one*): 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th.

Name of School Attending: _____

Have you received your First Holy Communion? (*circle one*) **Yes** **No**

Are you an experienced Altar Server? (*circle one*) **Yes** **No**

If not new, what year did you start serving? _____

Please circle Mass preference:

Saturday Vigil Mass – 5:30PM or 7:00PM

Sunday Mass – 8:30AM, 10:00AM, 11:45PM, 1:30PM, 7:00PM

Parents' Information

Father's Name: _____

Mother's Name: _____

Address: _____

Telephone Numbers: _____ **or** _____

Email Address: _____ **or** _____

Parents, Do you agree that your phone number or e-mail address be disclosed among the Altar Servers Parents Group? **Yes** **No**

Are you a member of any parish group? (Circle those that apply)

1- Lector	2- Eucharistic Minister	3- Usher	4- Sacristan
5- Catechist	6-Prayer Groups	7- Emmaus	8- Other Parish Group: _____

If the Candidate is 17 years old or younger, he/she will need his/her **Parents' Authorization**

We _____ (parents' names)

the parents of _____ (candidate's name)

wish and authorize our child to be an Altar Server in the Roman Catholic Church of OL of Guadalupe.

Mother's Signature	Father's Signature	Date
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