



*Each individual should complete a stewardship form. However, the financial contribution portion of the form only needs to be completed by one person for each household. Please complete both sides.*

**Contact Information**

*Please help us ensure we have the most up-to-date information in order to reach you.*

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (home / cell): (\_\_\_\_\_) \_\_\_\_\_

*Please circle the appropriate option next to any ministries in which you would like to consider participating this year. Ministry opportunities being listed for the first time are marked with an asterisk(\*). See the ministry descriptions for more details regarding each ministry.*

**Continue:** I have been participating in this ministry and plan to continue.

**Begin:** I would like to begin or restart participating in this ministry.

**More Info:** I would like to be contacted with more information regarding this ministry.

**Liturgical Ministries**

Altar Server	Continue	Begin	More Info
Lector	Continue	Begin	More Info
Gift Bearer	Continue	Begin	More Info
Extraordinary Minister of Holy Communion	Continue	Begin	More Info
Choir	Continue	Begin	More Info
Sacristan	Continue	Begin	More Info
Liturgical Decor and Maintenance*	Continue	Begin	More Info

**Hospitality Ministries**

Greeter	Continue	Begin	More Info
Usher	Continue	Begin	More Info
Tour Guide	Continue	Begin	More Info

**Sacramental Preparation Ministries**

Catechist*	Continue	Begin	More Info
Sponsor*	Continue	Begin	More Info

**Pastoral Care Ministries**

Minister to Sick and Homebound*	Continue	Begin	More Info
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**Administrative Ministries**

Collection Counter	Continue	Begin	More Info
Facilities and Grounds	Continue	Begin	More Info

