## Naas Parish The Church of Our Lady and St. David, Sallins Road and The Church of the Irish Martyrs, Ballycane

Extraordinary Minister of Holy Communion Registration Form

| Name:                               |               |       |             |       |                |       |  |            |       |            |     |
|-------------------------------------|---------------|-------|-------------|-------|----------------|-------|--|------------|-------|------------|-----|
| Address:                            |               |       |             |       |                |       |  |            |       |            |     |
| Address:                            |               | -     |             |       |                |       |  |            |       |            |     |
| Mobile 🛎:                           |               |       | Н           | ome   | <b>2:</b>      |       | eMail ⊠:                               |            |       |            |     |
| Date of Appl                        | ication:      |       | /           |       | /              |       |  |            |       |            |     |
|                                     |               |       |             |       |                |       |  |            | _     |            |     |
| Please cho                          | ose all the N | Mass  | ses you are | ava   | llable to assi | st at | by placing a tio                       | ck         | e rel | evant boxe | es: |
| Church of Our Lady & St. David, Sa  |               |       |             |       | llins Road     |       | Church of the Irish Martyrs, Ballycane |            |       |            |     |
|                                     | Weekdays      |       |             |       | Sunday         |       | Weekdays                               |            |       | Sunday     | 7   |
| Monday                              | 7:30am        |       | 10:00am     |       | 9:00am         |       | Monday                                 | 7:30pm     |       | 10:30am    |     |
| Tuesday                             | 7:30am        |       | 10:00am     |       | 11:00am        |       |  |            |       | 12noon     |     |
| Wednesday                           | 7:30am        |       | 10:00pm     |       | 6:00pm         |       | Wednesday                              | 7:30pm     |       |            |     |
| Thursday                            | 7:30am        |       | 10:00am     |       |                |       |  |            |       |            |     |
| Friday                              | 7:30am        |       | 10:00am     |       |                |       | Friday                                 | 7:30pm     |       |            |     |
| Saturday                            | 10:00am       |       | 6:00pm      |       |                |       | Saturday                               | 7:30pm     |       |            |     |
|                                     |               |       | Ministry    | v to  | the Sick a     | nd I  | Joueghound                             |            |       |            |     |
| Ministry to the Sick and Housebound |               |       |             |       |                |       |  |            |       |            |     |
| I am willing                        | g to bring H  | oly ( | Communio    | on to | the sick or l  | nouse | bound on Sun                           | days after | the S | am Mass:   |     |
| I a                                 | m willing to  | bri   | ng Holy C   | omn   | nunion to the  | sick  | in Naas Hospi                          | tal on Sur | ndays | s: 🗌       |     |
| I am wil                            | ling to bring | g Ho  | oly Commi   | unior | to the local   | Nurs  | sing Homes on                          | Wednesd    | ays a | ıt 6pm: 🗌  |     |
|                                     | Ple           | ase s | state whic  | h nu  | rsing home     | you   | are available                          | to visit:  |       |            |     |
| Mill Lane Manor Nursing Home        |               |       |             |       |                |       | Larchfield Nursing Home $\Box$         |            |       |            |     |
| Signed:                             |               |       |             |       |                |       |  | Dat        | e:    |            |     |
| 0                                   |               |       |             |       |                |       |  | _ ~        |       |            |     |