LITURGICAL MINISTRY CHANGE FORM

NAME_____

ADDRESS_____

CITY_____ **ZIP**_____

HOME PHONE_____ **CELL**_____

EMAIL_____

MINISTRY: Head Eucharistic Minister _____ Eucharistic Minister____

Altar Server_____ Lector_____

Usher_____ Collector_____ Greeter____

MASS: St. Augustine 5pm___ 8am___ 10am___ 12pm___

St. Elizabeth 9am___ 11am___ 4pm___ 6:30pm___

CHANGE: Address____ Telephone____ Mass____ Other_____

EXPLANATION: _____

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Signature **Date**

Please return this form to St. Augustine or St. Elizabeth Seton office - Attn: Liturgy