



ST. MARY THE MOUNT R.C. CHURCH

Vocationists Fathers
Glebe Street, WALSALL, WS1 3NX
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Tel. 01922 - 622633



APPLICATION FOR ALTAR SERVERS 2020-2021

CANDIDATE			
FULL NAME			
DATE OF BIRTH			
YEAR OF FIRST HOLY COMMUNION			
ADDRESS			
POST CODE		Mobile No.:	
		Tel. No.:	
EMAIL ADDRESS	<i>(Please print clearly and <u>do not</u> use capital letters unless your email address contains capital letters.)</i>		
NAME OF SCHOOL		SCHOOL YEAR GROUP:	
PARENTS	NAME		RELIGION
FATHER			
MOTHER			
MOTHER'S MAIDEN NAME			
HOW OFTEN DO YOU ATTEND MASS?	FATHER	Regularly <input type="checkbox"/>	Occasionally <input type="checkbox"/>
	MOTHER	<input type="checkbox"/>	<input type="checkbox"/>
MARITAL STATUS	MARRIED YES/NO		
	If No, are you a Single Parent Yes/No OR Living with your Partner Yes/No		
IF MARRIED	Church of Marriage		
	Place of Marriage		
	Is this your First Marriage?	Father YES/NO	Mother YES/NO

We, Mr and Mrs _____

parents of _____

having first and irreplaceable responsibility for the faith education of our child, **request** that you enrol him/her for serving on the altar in our Church.

- We will bring the child for the preparations and formation meetings.
- We will encourage our child to be part of one weekend and one weekday Mass in our church.

Signature of parents or guardians: _____

Date: _____