Our Lady of Mount Carmel

Altar Server Registration Form

Date Application Submitted _____	**Date Trained** _____	**Requested Mass time** (5PM, 8AM, 10AM, 12PM, 2PM, 6PM) 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
Child's First Name (Print)	**Child's Middle Name** (Print)	**Child's Last Name** (Print)
Child's Date of Birth (Print)	Male ☐ Female ☐	**Place of Birth** (Location, City, State) (Print)
Mother's First Name (Please print)	**Mother's Middle Name**	**Mother's Last Name**
Father's First Name (Please print)	**Father's Middle Name**	**Father's Last Name**
Mailing Address (Please print)	**City:** _____ **Zip Code:** _____	**Home Phone**: _____ **Mother's Cell Phone**: _____ **Father's Cell Phone**: _____ **Email**: _____
☐ I agree to allow my child to serve as an altar server. ☐ I agree to support my son/daughter in their ministry. ☐ I agree to bring my son/daughter no later than 15 minutes prior to mass. ☐ I understand that my son/daughter is responsible to find a replacement if unable to serve. **Mother's Signature:** _____		☐ I agree to allow my child to serve as an altar server. ☐ I agree to support my son/daughter in their ministry. ☐ I agree to bring my son/daughter no later than 15 minutes prior to mass. ☐ I understand that my son/daughter is responsible to find a replacement if unable to serve. **Father's Signature:** _____