

## FORM FOR THE AUTHORISATION OF MINISTERS OF COMMUNION

A meeting of the Church	Council of the Parish/Pas	itoral District of	
held on the day of		201 agreed that the following names	
were those to be submit	ted to the Bishop for app	roval as Ministers of Communion for the r	next
three years.			
Surname	Christian name	Email address	
named engage in this m	inistry, they will be prope	uring a vacancy I confirm that, before the rly trained and equipped to perform the ressed Sacrament and the assembly.	

Signed ...... Name .....