

**THE BASILICA OF SAINT PAUL**  
**317 Mullaly Street**  
**Daytona Beach, Fl 32114**  
**(386)252-5422**

**MINISTRY TO THE SICK AND SHUT-IN**  
**APPLICATION FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number \_\_\_\_\_

Parish: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Marital status: \_\_\_\_\_ Number of children: \_\_\_\_\_

Year Baptized: \_\_\_\_\_ Year Confirmed: \_\_\_\_\_ Year of first Communion \_\_\_\_\_

Have you discussed with your family your decision to accept the invitation to become a Minister to the Sick and Shut-In? \_\_\_\_\_

Is your family supportive of your decision? \_\_\_\_\_

Please give a brief resume of your involvement in the religious and social affairs of your parish and community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to serve as a Minister to the Sick and Shut-In to visit:

Housebound patients \_\_\_\_\_

Hospital patients \_\_\_\_\_

Nursing Home patients \_\_\_\_\_

For Office Use Only:

Date of Diocesan Certification Workshop: \_\_\_\_\_

Place of Workshop: \_\_\_\_\_

Certification Expires: \_\_\_\_\_

Re-certified: \_\_\_\_\_