

Acolyte Ministry Relocation Form

PRINT DETAILS CLEARLY

TO BE COMPLETED BY ANY ACOLYTE RELOCATING TO A NEW PARISH

ACOYLTE INFORMATION		
Given Name		
Surname		
Address		
Suburb	Postcode	
Phone	Mobile	
Email		
WHERE DID YOU PREVIOUSLY SERVE AS AN ACOYLTE		
Name of Parish		
Address		
Dated Ceased		
NEW PARISH DETAILS		
Name of Pari	ish	
Address		
Parish Priest	Signature	
Date Comme	enced	

Return Form To

Centre for Liturgy 28 Marda Way, Nollamara WA 6061 T: 92073350 E:cfl@perthcatholic.org.au