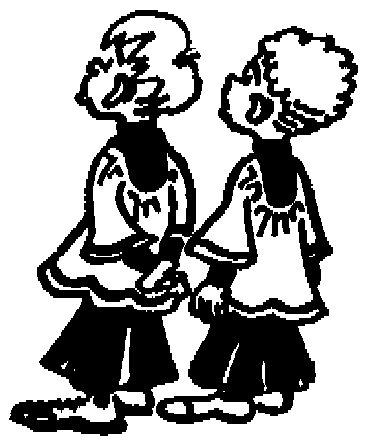
**St. Margaret’s Church**

589 Hugel Avenue

Midland, ON L4R 1W3

Coordinator Tim Dunlop 705-528-2927 or 705-528-0863 email: [tim@dunlopfinancialservices.ca](mailto:tim@dunlopfinancialservices.ca)

Parish Phone: 705-526-6313 Fax: 705-526-3800 Parish email address: [stmargarets@rogers.com](mailto:stmargarets@rogers.com)

Altar Server Application Form 

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s) Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which Mass do you prefer to attend and serve at? (Please mark only one)**

Saturday 5 pm \_\_\_\_\_ Sunday 9 am \_\_\_\_\_ Sunday 11 am \_\_\_\_\_

Have you been an altar server at another parish? \_\_\_ If so, how long have you been an altar server? \_\_\_\_

Dear Parents/Guardians:

Your son/daughter has expressed an interest in becoming an altar server in our Parish. We are grateful that you are setting an example and encouraging him/her in their decision to serve the church and the community. To be a server he/she needs your support and help especially in taking him/her to church on time when serving, making sure they know when they are scheduled to serve, and supporting him/her after the initial excitement subsides.

In becoming a server they are taking on a responsibility towards the church and the community. A training session will be provided and every effort will be made to try and make them comfortable in carrying out their ministry. Please help them fill in the details above and sign the consent below. Please drop the form off at the parish office, drop it in with the collection or give it to Father Jim after Mass on Sunday.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian name) permit my son/daughter to become an altar server at St. Margaret’s Church and will try to support him/her in this ministry.

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

Parent Signature Applicant Signature