



Altar Servers Ministry
Sacred Heart Catholic Church
Kingdom of Bahrain

Application Form

Date: _____

Applicant's Name: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Tel. No: _____

Mother's Name: _____ Tel. No: _____

Address: _____

School: _____

Date/Year Joined Altar Servers Ministry: _____

Parents' Email ID: _____

Applicant's Email ID: _____

(One email ID is mandatory for communication purpose)

We certify that the above information about our child is all correct and we are in full support and full cooperation to be off assistance when needed by our child to fulfill his/her duties as an Altar Server

Father's Signature /Date Mother's Signature/Date Applicant's Signature

The Spiritual Director Parish Priest

Assigned Group: _____