



APPLICATION FOR LAY LICENSE DIOCESE OF CENTRAL PENNSYLVANIA

(Please complete both sides)

To be completed by applicant

+ My full name: (Mr./Mrs./Ms.)
+Address
+Telephone: _____ Email: _____
+Date of Birth:
+Date and Place of Baptism:
+Date of Confirmation or Reception:
+Place of Confirmation or Reception:
+My congregation in the Diocese of Central Pennsylvania where I am a confirmed adult in good standing:

I make application to the Bishop of the Diocese of Central Pennsylvania to be licensed as:

- WORSHIP LEADER**, to regularly lead public worship under the direction of the Clergy in charge of my congregation.
- EUCCHARISTIC MINISTER**, to administer the Consecrated Elements at any Celebration of Holy Eucharist.
- EUCCHARISTIC VISITOR**, to take the Consecrated elements in a timely manner following a Celebration of Holy Eucharist to members of the congregation who, by reason of illness or infirmity, were unable to be present at the Celebration.

And to serve under the direction of the Rev. _____.

I understand that my license shall be issued for a period of time not to exceed three years (done by August of every third year) and may be revoked at any time by the Bishop or by the Clergy supervising my ministry. Renewal of the license shall be determined on the basis of the acceptable performance of the ministry and upon the endorsement of the Member of the Clergy in charge of the Congregation in which I am serving.

Signature of applicant

Date

I _____, in charge of _____

(Priest/Deacon)

(Parish, Community)

request that _____ be licensed as:
(Applicant name)

- WORSHIP LEADER**, to regularly lead public worship under the direction of the Clergy in charge of my congregation.
+ The applicant has completed the following training in preparation for this ministry:

- EUCCHARISTIC MINISTER**, to administer the Consecrated Elements at any Celebration of Holy Eucharist.
+ The applicant has completed the following training in preparation for this ministry:

- EUCCHARISTIC VISITOR**, to take the Consecrated elements in a timely manner following a Celebration of Holy Eucharist to members of the congregation who, by reason of illness or infirmity, were unable to be present at the Celebration.
+ The applicant has attended the diocesan training in preparation for this ministry, held

on _____ at _____.
(Date) (Location)

The above named applicant is an adult communicant in good standing of this congregation, has completed the training and examination of the Diocese of Central Pennsylvania to my satisfaction and will serve under my supervision.

Signature of Clergy Date

MAIL THIS APPLICATION TO:

The Rt. Rev. Nathan Baxter
Diocese of Central Pennsylvania
PO Box 11937
Harrisburg, PA 17108-1937