



Episcopal Diocese of the Central Gulf Coast

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EUCCHARISTIC MINISTER LICENSE APPLICATION

Title III, Canon 4, Sec 6

**I hereby apply to the Bishop, through my priest, to be licensed as a Eucharistic Minister.

My birth date is: _____ I was baptized in

_____ (church)

_____ (city) _____ (state) _____ (year)

I was confirmed in _____

_____ (church)

_____ (city) _____ (state) _____ (year)

My reason for applying to be licensed as a Eucharistic Minister is: _____

_____ type or print name of applicant _____ signature of applicant

A copy of the Vestry's resolution giving approval of this person as a Eucharistic Minister must be attached.

I hereby certify that _____, who is applying to be licensed

as a Eucharistic Minister in _____

(name of church and its location)

regularly participates in the worship of the Church and in receiving the Holy Communion. This individual is active in the support of the Church. I certify their fitness for the office of Eucharistic Minister.

_____ date _____ signature of Rector, Vicar, or Priest-in-Charge

*****If this application is for RENEWING a Eucharistic Minister's license, ONLY the lower portion of this form need be completed.***