



Episcopal Diocese of the Central Gulf Coast

Post Office Box 13330
201 North Baylen Street
Pensacola, Florida 32591-3330
Phone: 850-434-7337
Fax: 850-434-8577
e-mail: staff@diocgc.org

EUCHARISTIC VISITOR LICENSE APPLICATION

Title III, Canon 4, Sec 7

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

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 Visitor 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 Visitor must be attached.

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

as a Eucharistic Visitor 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 Visitor.

_____ 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.***