



The Episcopal Diocese of the Central Gulf Coast

**EUCCHARISTIC MINISTER LICENSE  
APPLICATION**

*Title III, Canon 4, Sec 6*

**\*\*I hereby apply to the Bishop to be licensed as a Eucharistic Minister.**

Full Name: \_\_\_\_\_ My birth date is: \_\_\_\_\_

I was baptized in \_\_\_\_\_  
*(name of church, city, state)* *(year)*

I was confirmed in \_\_\_\_\_  
*(name of church, city, state)* *(year)*

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

\_\_\_\_\_  
*Date* *signature of applicant*

\*\*\*\*\*

I hereby certify that \_\_\_\_\_, who is applying to be licensed  
as a Eucharistic Minister in \_\_\_\_\_  
*(name of church, city, state)*

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/Sr. Warden-in-Charge*

**If no priest in charge, a copy of the Vestry's resolution giving approval must be submitted.**

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