

The Episcopal Diocese of the Central Gulf Coast

ONLINE FORM FOR USE OF THE ADMINISTRATION OF COMMUNION UNDER SPECIAL CIRCUMSTANCES

LOCATION OF CHURCH WHERE SERVICE WILL BE HELD:

Church Name, City, State		Date	Time
LAY WORSHIP LEADER OFFICIATING: _			
EMAIL	PHONE		
DESCRIBE THE USE OF SERVICE			
Is this a one-time occurrence? YES 🗌 🛛 🕅	10 🗌		
Is this for use when local clergy are on vacatio	n or unable to serve?	YES 🗌 🛛 🛛	
Is this to be employed as an ongoing facet of the YES NO NO If Yes, Explain:	he congregation's regu	ılar Sunday wo:	rship?
Other reason for the use of service?			
LOCATION AND DATE OF WHERE THE E	LEMENTS WILL B	E CONSECR	ATED:
Location, City, State		Date	

CELEBRANT to CONSECRATE ELEMENTS

Signature

Print Name

Date

BISHOP'S APPROVAL

The Rt. Rev. J. Russell Kendrick