

APPLICATION
Licensed Ministry in the Diocese of Newark
Eucharistic Minister/Eucharistic Visitor

To the Bishop of Newark: In compliance with Title III, Canon 4, Sections 1 - 8, Of Licensed Ministries, I hereby submit my application, duly approved by my clergy-in-charge or warden to be licensed as a:
(check the category/categories that apply)

Eucharistic Minister

Eucharistic Visitor*

*** Eucharistic Visitor applicant must have completed Safe Church, Safe Community training within the last five (5) years. Please include certification of completion for this training or contact Randy Johnson to arrange online training.**

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PLEASE COMPLETE THE FOLLOWING INFORMATION: (print or type)

1. Full name (including title): _____

Complete Address: _____

Date of Birth: _____ Gender: _____

Phone (Home): _____ (Cell): _____ E-mail: _____

2. I have been a member of this congregation since: _____

I was baptized in: Church: _____ City/State: _____

3. I was confirmed on (date): _____, in (Church name and denomination): _____

by The Right Rev. _____, Diocese of _____

4. I have received, or will complete, training in this ministry:

Name of Trainer(s): _____ Date(s) of Training: _____

Date of Application: _____ Signature of Applicant: _____

5. Endorsement by clergy-in-charge or warden:

I testify to my belief (based on personal knowledge or evidence satisfactory to me) that this applicant for Licensed Ministry qualifies for the office(s) under the requirements of Title III, Canon 4 and I hereby request such licensing and recommend the candidate to the Bishop for favorable action.

Date: _____

Name: _____

Signature: _____

Congregation: _____

City: _____

(Term of licenses is for a three-year period, unless otherwise stated.)