

**APPLICATION**  
**Licensed Ministry in the Diocese of Newark**

***Eucharistic Minister/Eucharistic Visitor***

To the Bishop of Newark: In compliance with Title III, Canon 4, 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

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

**PLEASE COMPLETE THE FOLLOWING INFORMATION:** (print or type)

1. Full name (including title): \_\_\_\_\_

Complete Address: \_\_\_\_\_

Congregation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

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 in (Church denomination and name): \_\_\_\_\_

\_\_\_\_\_ on (date): \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Role: \_\_\_\_\_

Congregation: \_\_\_\_\_ City: \_\_\_\_\_