



APPLICATION FOR LAY LICENSE DIOCESE OF CENTRAL PENNSYLVANIA

To be completed by applicant:

Full Name: (Mr./Mrs./Ms.) _____

Address: _____

Telephone: _____

Date of Birth: _____

Date and Place of Baptism: _____

Date and Place of Confirmation or Reception: _____

Name of Parish in the Diocese of Central Pennsylvania where you are a confirmed adult in good standing. _____

I make application to the Bishop of the Diocese of Central Pennsylvania to be licensed as:

- Worship Leader, to regularly lead public worship under the direction of the Clergy in charge of my congregation
- Eucharistic Minister, to administer the Consecrated Elements at any Celebration of Holy Eucharist
- Eucharistic Visitor, to take the Consecrated elements in a timely manner following a Celebration of Holy Eucharist to members of the congregation who, by reason of illness or infirmity, were unable to be present at the Celebration

And to serve under the direction of The Rev. _____

I understand that my license shall be issued for a period of time not to exceed three years (done by August of every third year) and may be revoked at any time by the Bishop or by the Clergy supervising my ministry. Renewal of the license shall be determined on the basis of the acceptable performance of the ministry and upon the endorsement of the Member of the Clergy in charge of the Congregation in which I am serving.

Signature of applicant: _____ Date: _____

I, _____, in charge of request that
(Priest/Deacon)

(Applicant Name)

(Parish, Community) be licensed as:

- Worship Leader
+ The applicant has completed the following training in preparation for this ministry.
- Eucharistic Minister
+ The applicant has completed the following training in preparation for this ministry.
- Eucharistic Visitor
+ The applicant has completed the following training in preparation for this ministry.

The above named applicant is an adult communicant in good standing of this congregation, has completed the training and examination of the Diocese of Central Pennsylvania to my satisfaction, and will serve under my supervision.

Signature of clergy: _____ Date: _____

Once the form is complete, please print and sign and date. Please scan and email to The Rt. Rev. Audrey Scanlan c/o Nichol Free at nfree@diocesepa.org or mail to:

Diocese of Central Pennsylvania
The Rt. Rev. Audrey Scanlan
c/o: Nichol Free
101 Pine St.
Harrisburg, PA 17101