



Episcopal Diocese of Michigan

Application for Licensing of Eucharistic Ministers

Name of Congregation: _____

Address of Congregation: _____

Clergy in Charge: _____

Name and Address of Applicant	Date of Training New or Renewal
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	

I recommend these persons to be licensed as Lay Eucharistic Ministers. I certify that they are confirmed communicants and have been carefully selected and trained for this extraordinary ministry.

Signature of Clergy in Charge

Date