



Episcopal Diocese of Michigan

**Application for Licensing of Eucharistic Visitors
New or Renewal**

Name of Congregation: _____

Address of Congregation: _____

Congregational Leader: _____

Name and Address of Applicant	Date of Safe Church Training Track 2
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	

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

Signature Congregational Leader

Date