



**Episcopal Church of New Hampshire
Lay Ministry Application for Initial Licensing**

CONGREGATION:

Location _____

Church e-mail Address _____

APPLYING FOR: Worship Leader* Lay Eucharistic Minister Lay Eucharistic Visitor*

FULL NAME: _____

Street Address _____

City/State/Zip _____

Date of Birth _____

CERTIFICATION OF:

Date of Baptism _____ Church _____

Church Location _____

Date of Confirmation _____ Church _____

Church Location _____

If not confirmed in the Episcopal Church, when and where were you Received?

Date of Reception _____ Church _____

Church Location _____

*Safe Church Training completed? Yes No Date Completed _____

Recommended by: Rector Vicar Priest-in-Charge Warden

Signature of person recommending _____

Date

Signature of Applicant: _____

Date

Vestry Clerk Signature _____

Date

For Bishop's Office use only:

Approved by: _____ Date _____

License expires I Advent _____