**THE EPISCOPAL DIOCESE OF PENNSYLVANIA**

*To The Bishop of Pennsylvania*

**Eucharistic Visitor – New License Application**

*Title III. Canon 4 Section 7.* A Eucharistic Visitor is a lay person authorized 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. A Eucharistic Visitor should normally act under the direction of Member of the Clergy

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Requirements**

Confirmed adult communicant in good standing

Baptized (*Date. Location)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmed in the Episcopal Church ***or*** Received into the Episcopal Church

*Date, Location:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Completed Eucharistic Visitor Training

 *Date, Location:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Applicant’s Signature Date*

**Endorsement by Member of the Clergy in Charge of the Congregation**

The applicants has completed all requirements, and on the basis of her/his gifts, skills, understanding and preparation for the ministry, I recommend the applicant be licensed as a Eucharistic Visitor.

*Clergy Signature Print Name Date*

*Please send completed form to:* *jmustered@diopa.org* *or mail to our office.*