**Eucharistic Visitor**

License Application

**To the Bishop Of the Diocese of Utah:**

As Priest-in-Charge or other leader exercising congregational oversight of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I am requesting a

*Congregation*  *City/Town*

license for the following person to serve in our congregation as Lay Eucharistic Visitor, assisting in the distribution of the consecrated elements of Holy Eucharist to individuals suffering from illness or infirmity who are unable to attend worship service. The person indicated has been found to be a *confirmed/received member*, in good standing, in the Episcopal Church:

*Type or Print the Name of the Applicant:*

He/she has successfully completed the required training for Eucharistic Visitors as stipulated in the *Handbook for Ministry.*

Copies of Training Documentation (courses/readings/training sessions) are attached.

Documentation of member standing, training and annual refreshers will be available to the bishop upon request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Priest-in-Charge or congregational leader Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Print Name*

**Send Application to:**

The Office of the Bishop

Attn: Rhonda Uber

The Episcopal Church Center of Utah

75 South 200 East

Salt Lake City, UT 84111