

Episcopal Diocese of Eastern Oregon
PO Box 1548, The Dalles OR 97058

For office use only
Renewal Year:

APPLICATION FOR LICENSE RENEWAL
EUCCHARISTIC MINISTER/EUCCHARISTIC VISITOR

Date: _____

To: The Bishop of Eastern Oregon

Name _____

Address _____
Street/PO Box City Zip

Congregation to be served _____

Briefly describe continuing education participated in since last licensing.

Eucharistic Visitors must have update training in *Safeguarding God's Children™* and *Safeguarding God's People™* every three years.

Applicant's signature

I hereby endorse the above applicant for re-licensing as a Eucharistic Minister with the following duties (please indicate either or both):

_____ administering the Consecrated Elements at any Celebration of Holy Eucharist.

and/or Eucharistic Visitor by:

_____ taking 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.

I request that licensing be extended to this applicant until the First Sunday of Advent,

_____. *Maximum licensing period – 3 years

(year)

Signature of Member of the Clergy
in charge of the congregation, or clergy who
has provided training for this ministry.