



Licensed Lay Ministries Initial Application

Once training has taken place, complete and send this form to :

MAIL:
Licensed Lay Ministries
The Episcopal Church in Minnesota
1730 Clifton Place Suite 201
Minneapolis, Minnesota 55403-3232

EMAIL:
Lizanne.g@ecmn.org

Please Print:

Applicant's Name: _____
Street Address: _____
City/State/Zip: _____
Home phone: _____ Cell Phone: _____
Primary email: _____ Other : _____

Certification Requested: _____ **Date of Request:** _____

We hereby certify that _____ is a duly baptized,
<FULL NAME>
confirmed communicant in good standing in the _____,
<FAITH COMMUNITY>
_____ community. This member has satisfactorily completed
<CITY>
training for following licensed lay ministry(ies) as outlined by the Commission on Ministry of the Episcopal Church in Minnesota and is willing and able to carry out this/these ministry(ies).

(check the box(es) applicable)

- Worship Leader (formerly Lay Reader)
- Preacher
- Eucharistic Minister
- Eucharistic Visitor
- Catechist

Signed:
Applicant: _____ Date: _____

Authorized Requestor: _____ Date: _____
(Rector, Vicar, Priest in Charge, Sr. Warden or Team Administrator.)

Trainer: _____ Date: _____
(if other than Authorized Requestor)

A license is conferred for a period of five years after which it may be renewed. Please use a renewal form if this is not an initial application.

For Diocesan Use Only :	Form date: 8/1/2013
Date license granted: _____	
Date license expires: _____	
ECMN authorized signer: _____	Date : _____