

Request Form

Eucharistic Minister License ☐

and/or

Eucharistic Visitor License ☐

Check appropriate box(es)

Please print/type all information legibly!

Name: _____

Parish (name and town): _____

Parish Address: _____

Detailed description of training completed for this ministry (including text/materials used, number of hours, etc.):

Training Date & Location:

_____	_____
Date	Location

Signed:

_____	_____
Rector or Clergyperson-in-Charge	Date

Submit completed form and a copy of the
Safe Church Training Certificate to:

Ms. Sarah Alamond
Diocese of Central New York
Email: salamond@cnyepiscopal.org

For office use

Expiration date:
