

**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 Clergy person-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](mailto:salamond@cnyepiscopal.org)

**For office use**

Expiration date:  
\_\_\_\_\_