The Episcopal Diocese of Atlanta

The Episcopal Church in Middle and North Georgia 2744 Peachtree Road NW Atlanta, GA 30305



Application for Licensed Lay Ministry

Parish/City:				
Title	First Name	Middle Initial	Last Name	Goes by Name
Check a	ppropriate blanks:			
Applica	tion is for (check all	applicable)		
Celebra	tion of Holy Eucharis	t. A Eucharistic Minister ac	orized to administer the Co cts under the direction of a this congregation or other	Deacon, Member of the Clergy
followin were un Deacon,	g a Celebration of Hable to be present a	oly Eucharist to members of the Celebration. A Eucha	of the congregation who, t ristic Visitor should norma	ed Elements in a timely manner by reason of illness or infirmity lly act under the direction of a try in this congregation or other
State yo	our understanding o	f your call to this ministry:		
	•	e required to participate in ith Safe Church trainings o		orshipping community clergy and
Applicant	's Signature		_	Date
To be fil	led out by Rector, Vi	car, or Priest-in Charge:		
			above named person is an ndorse him/her for this off	adult (aged 16 or older) in good fice of:
Signature	Title Date			