

**Diocese of Northern Indiana**  
**Application for License for Eucharistic Minister**

*This portion of the application is to be completed by the applicant. Please type or print.*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: Home \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Work \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Parish and Community \_\_\_\_\_

\_\_\_\_\_

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*This portion of the application is to be completed by the priest/deacon responsible for the exercise of this ministry.*

The above named person is a confirmed adult communicant in good standing of this Church and has been trained by me as a eucharistic minister to administer "the elements at any Celebration of the Holy Eucharist in the absence of a sufficient number of Priests or Deacons assisting the celebrant" in accordance with III.4.6 of the Constitution and Canons of the Episcopal Church (2003) and will serve in the above named congregation under my supervision. This person has also been endorsed by resolution of the vestry as attested to by the signature of the clerk.

(Signed) \_\_\_\_\_ (Date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Vestry Approval \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Signed by the Clerk) \_\_\_\_\_

*Return to the Canon to the Ordinary*