

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

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 visitor to “directly following a Celebration of the Holy Eucharist on Sunday or other regularly scheduled Celebrations, taking the Sacrament consecrated at the Celebration to members of the Congregation who by reason of illness or infirmity, were unable to be present at the Celebration” in accordance with III.4.7 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