The Diocese of West Missouri: Licensed Ministry Application

Eucharistic Minister &/or Eucharistic Visitor Application Form

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| --- | --- | --- | --- |
| Congregation name |  | City |  |
| Clergy person or warden name |  | Clergy/warden email address |  |
| Parish admin name |  | Parish admin email address |  |

Please list those members of your congregation for whom you wish to be licensed as Eucharistic Minister, Eucharistic Visitor or both.

**Please send only one form for all whom you wish to be licensed.**

**Reminder – applicants must send a background request form and payment to be licensed as a Eucharistic Visitor.**

**Once announced, both EMs and EVs may have additional training required to maintain his/her license.**

Type (or PRINT) your information into the form, secure signatures, and send signed form to the address below.

***(If more than 15, please use a second form and obtain all signatures on both forms.)***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of Applicant** | **EM** | **EV** | **Training Courses***to be announced* | **Antiracism & Diversity Training** | **Confirmed Communicant in Good Standing** | **Applicant Email Address**  | **Applicant Signature** | **(Dio. Office ONLY)****Bkgrd. ✓ Comp.** |
| 1 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 2 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 3 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 4 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 5 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 6 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 7 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 8 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 9 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 10 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 11 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 12 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 13 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 14 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |
| 15 |       | [ ]  | [ ]  |  |  |  | [ ]  |  |       |  | [ ]  |

**Endorsements:**

I certify that the applicant has completed the preparation or continuing education necessary to carry out this licensed ministry.

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Deacon *(or where no deacon is available,* Date

*the Member of the Clergy in Charge)*

I certify that the applicant is a confirmed communicant in good standing of this congregation and qualified for this license.

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Rector/Vicar/Priest-in-charge Date

The Vestry/Bishop’s Committee, by action at a regular meeting, recommends that these applications for licensed ministry be approved.

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Clerk of Vestry/Bishop’s Committee Date

**Mail signed application form to:** Diocese of West Missouri

Attn: COM – Lay Licensing

420 West 14th Street

Kansas City, MO 64105-1355

**or scan and email to:** laylicense@diowestmo.org