

APPLICATION FOR EUCHARISTIC MINISTER LICENSE

TO: *The Bishop of Louisiana*

I request and recommend that _____

of _____ Church

in _____ Louisiana, a confirmed communicant in good standing, faithful in corporate worship and in working, praying, and giving for the spread of the Kingdom of God, be licensed as a Eucharistic Minister.

Check one:

_____ *This is a request for an initial license. I certify that this person has received basic training in the licensed area. **Please provide details below.***

_____ *This is a request for the renewal of a license. I certify that this person has performed satisfactorily in the licensed ministry, and that this person has received continuing education in the licensed area. **Please provide details below.***

Priest-in-charge's Signature and Date

Applicant's address

For Diocesan use only:
Date Processed: _____

APPLICATION FOR EUCHARISTIC VISITOR LICENSE

TO: *The Bishop of Louisiana*

I request and recommend that _____

of _____ Church

in _____ Louisiana, a confirmed communicant in good standing, faithful in corporation worship and in working, praying, and giving for the spread of the Kingdom of God, be licensed as a Eucharistic Visitor.

Check one:

_____ *This is a request for an initial license. I certify that this person has received basic training in the licensed area. **Please provide details below:***

_____ *This is a request for the renewal of a license. I certify that this person has performed satisfactorily in the licensed ministry, and that this person has received continuing education in the licensed area. **Please provide details below:***

Priest-in-charge's Signature and Date

Applicant's address

For Diocesan use only:
Date Processed: _____

APPLICATION FOR PASTORAL LEADER LICENSE

TO: *The Bishop of Louisiana*

I request and recommend that _____

of _____ Church

in _____ Louisiana, a confirmed communicant in good standing, faithful in corporate worship and in working, praying, and giving for the spread of the Kingdom of God, be licensed as a Pastoral Leader.

Check one:

_____ *This is a request for an initial license. I certify that this person has received basic training in the licensed area. **Please provide details below.***

_____ *This is a request for renewal of a license. I certify that this person has performed satisfactorily in the licensed ministry, and that this person has received continuing education in the licensed area. **Please provide details below.***

Priest-in-charge's Signature and Date

Applicant's address

For Diocesan use only
Date processed: _____

APPLICATION FOR WORSHIP LEADER LICENSE

TO: *The Bishop of Louisiana*

I request and recommend that _____

of _____ Church

*in _____ Louisiana, a confirmed
communicant in good standing, faithful in corporate worship, praying, and giving for the spread
of the Kingdom of God, be licensed as a Worship Leader.*

Check one:

_____ *This is a request for an initial license. I certify that this person has received basic
training in the licensed area. **Please provide details below.***

_____ *This is a request for the renewal of a license. I certify that this person has performed
satisfactorily in the license ministry, and that this person has received continuing
education in the licensed area. **Please provide details below.***

Priest-in-charge's Signature and Date

Applicant's address

For Diocesan use only:
Date processed: _____

APPLICATION FOR CATECHIST LICENSE

TO: *The Bishop of Louisiana*

I request and recommend that _____

of _____ Church

*in _____ Louisiana, a confirmed communicant
in good standing, faithful in corporate worship and in working, praying, and giving for
the spread of the Kingdom of God, be licensed as a Catechist.*

Check one:

_____ *This is a request for an initial license. I certify that this person has received basic
training in the licensed area. **Please provide details below.***

_____ *This is a request for the renewal of a license. I certify that this person has
performed satisfactorily in the licensed ministry, and that this person received
continuing education in the licensed area. **Please provide details below.***

Priest-in-charge's Signature and Date

Applicant's address

*For Diocesan use only
Date processed: _____*