The Episcopal Diocese of Bethlehem

The Diocesan Office

20__-20__ REQUEST FOR LAY LICENSES

Name of Parish_____

Address_____

Name: **Indicate if it is a renewal.	Eucharistic Minister (Date Trained)	Eucharistic Visitor (Date Trained)	Worship Leader (Date Trained)

Endorsement by Member of the Clergy in Charge or Senior Warden of the Congregation

Name: _____

Signature: _____ Date: _____

Please complete this form and return to Paula Lapinski at paula@diobeth.org.