

## **Advent 2025 REQUEST FOR LAY LICENSES**

Name of ParishAddress			
Name:	Eucharistic Minister	Eucharistic Visitor	Worship Leader
**Indicate if it is a renewal.	(Date Trained)	(Date Trained)	(Date Trained)
Endorsement by Member of the	e Clergy in Charge or Senio	or Warden of the C	ongregation
Name:			
Signature:		Date:	
Please complete this form	and return to Paula Lapin	ski at paula@diobe	th.org.

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