



## Request for Eucharistic Minister Licenses

*Dear Reverend: I recommend that the following person(s) be licensed as Eucharistic Minister(s).  
Licenses are in effect for THREE YEARS.*

|  |                         |
|--|-------------------------|
| Parish                                   | Address                 |
| City/State/Zip                           | Phone                   |
| Rector/Priest-in-Charge or Senior Warden | Signature               |
| <b>Name (1)</b>                          | <b>Name (2)</b>         |
| Street                                   | Street                  |
| City/State/Zip                           | City/State/Zip          |
| Phone                                    | Phone                   |
| E-mail Address                           | E-mail Address          |
| Training Date and Place                  | Training Date and Place |
| Trainer                                  | Trainer                 |
| <b>Name (3)</b>                          | <b>Name (4)</b>         |
| Street                                   | Street                  |
| City/State/Zip                           | City/State/Zip          |
| Phone                                    | Phone                   |
| E-mail Address                           | E-mail Address          |
| Training Date and Place                  | Training Date and Place |
| Trainer                                  | Trainer                 |
| <b>Name (5)</b>                          | <b>Name (6)</b>         |
| Street                                   | Street                  |
| City/State/Zip                           | City/State/Zip          |
| Phone                                    | Phone                   |
| E-mail Address                           | E-mail Address          |
| Training Date and Place                  | Training Date and Place |
| Trainer                                  | Trainer                 |