



## Request for Eucharistic Visitor Licenses

*Dear Reverend: I recommend that the following person(s) be licensed as EUCHARIST VISITOR(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