



Applicant's Name: \_\_\_\_\_ ID# \_\_\_\_\_

*The Episcopal Church*

**THE DIOCESE OF GEORGIA**

611 East Bay Street, Savannah, GA 31401-1296, (912) 236-2007 fax

[www.gaepiscopal.org](http://www.gaepiscopal.org)

**Lay Minister's License Application**

**Form LLM 01/2014**

Please give the applicant a copy of the Jan. 2013 "Standards for Licensed Lay Ministers"

*To be completed by the applicant. Incomplete sections will delay processing.*

**CHECK WHAT IS NEW INFO SINCE LAST APPLICATION**  Address  Phone  Email  Parish

PARISH/CITY				
TITLE	FIRST NAME	MIDDLE INITIAL	LAST	NICKNAME
APPLICANT'S MAILING ADDRESS			CITY	STATE ZIP
EMAIL	TELEPHONE HOME		WORK	MOBILE
	( )		( )	( )

*Check one ONLY: Application is for*

- A New License** in this parish never having been licensed in this diocese.
- \*A New License** in this parish having been licensed in \_\_\_\_\_ Parish, Georgia.
- \*A Renewal License**                      \*I do  do not  have a diocesan lay minister's cross

*All LLMs are required to participate in training by their parish clergy or convocational training. Training for this ministry is no longer offered at the diocesan level.*

**State your understanding of your call to this ministry and, if renewing, report on ministerial acts.**

- I have read and will abide by the diocesan standards for Licensed Lay Ministers and the pertinent church canons.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Applicant's Name: \_\_\_\_\_ ID # \_\_\_\_\_

Diocesan requirements *(If you don't have pertinent material on file, contact the diocesan office.)*

Lay Preacher - Lay Preacher's exam (set by the bishop and sent to him upon completion)  
Seminary degree OR EFM OR DOCC OR local training approved by the  
bishop

**To be completed by the rector/vicar**

*If you are requesting a Lay Preacher's license for the applicant, please complete the following:*

Type & Date Lay Preacher Requirement Completed: \_\_\_\_\_

Diocesan Exam enclosed  OR sent to the bishop on \_\_\_\_\_

I certify that the herein-named applicant meets the standards for licensing in the Diocese of Georgia and has successfully met the diocesan requirements. In the case of a Lay Eucharistic Minister license request, I further certify that the vestry has endorsed the application. I hereby support the applicant's request to be licensed as a:

Lay Eucharistic Minister: Liturgical (3-yr)  Visitor (3-yr)

Lay Preacher  (3-yr)

\_\_\_\_\_  
PRIEST'S SIGNATURE OR SR WARDEN OF VACANT CURE

\_\_\_\_\_  
DATE

**The approved application will be returned to the parish, please keep it on file.**

**Diocesan Office Use**

Lay Eucharistic Minister: Liturgical  Visitor  Lay Preacher

Approved by \_\_\_\_\_ on \_\_\_\_\_. License will expire on \_\_\_\_\_ unless  
it is lawfully revoked or LLM transfers from parish.