

Applicant's Name: _____ ID# _____



The Episcopal Church

THE DIOCESE OF GEORGIA

18 East 34th Street, Savannah, GA 31401 www.gaepiscopal.org

Lay Minister's License Application

April 2019

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
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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.)*

Catechist, Evangelist, Preacher, and Pastoral Leader - These minimally requires one of the following: Seminary degree OR EFM together with a local training approved by the bishop

To be completed by the rector/vicar

If you are requesting a Catechist, Evangelist, Preacher, and Pastoral Leader license for the applicant, please complete the following:

Seminary (list school, date and type of degree): _____

Education for Ministry (date completed): _____

I certify that the herein-named applicant meets the standards for licensing in the Diocese of Georgia and has successfully met the diocesan requirements.

I hereby support the applicant's request to be licensed as a:

Eucharistic Minister Eucharistic Visitor Worship Leader

Catechist Evangelist Preacher Pastoral Leader

PRIEST'S SIGNATURE (OR SR WARDEN OF VACANT CURE)

DATE

PRINT NAME SIGNED ABOVE

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

Diocesan Office Use

Eucharistic Minister Eucharistic Visitor Catechist Evangelist

Preacher Worship Leader Pastoral Leader

Approved on _____.

License will expire on _____ unless it is lawfully revoked or LLM transfers from parish.