## DIOCESE OF WESTERN NEWFOUNDLAND

## APPLICATION FOR LICENSING OF LAY MINISTERS

(Lay Reader, Eucharistic Assistant, Pastoral Visitor, Other)

NAME (in full)	
ADDRESS (in full)	
Phone #	e-mail:
he Congregation/Parish has been informed and give their approval to this person exercising a inistry among them	
CONFIRMED (When and Where	)
MARITAL STATUS Marri	ed Single Divorced Widowed
EXPERIENCE IN LAY MINIST	RY (Where and How much)
A. In present Parish	
B. Elsewhere (if any)  PARISH APPROVAL:  The Congregation/Parish has been informed and give their approval to this person exercising a	
	5 5
RECTOR'S REQUEST FOR LIC	ENSING:
As Rector of the Parish ofrequest the Bishop to license	, I hereby
as a Eucharistic Assistant in our Parish and Diocese, as one w	Name Lay Reader Pastoral Visitor Other ho is baptized and confirmed and in full communion with the
Date	Rector's Signature
	Bishop's Signature mbers of the Diocesan Lay Ministers' Association