



The Episcopal Diocese of Upper South Carolina
Request/Recommendation Form for Licensed
Ministries

(Return to EDUSC, Attn: Lay Licensures, 1115 Marion Street, Columbia, SC 29201)

Name: _____
(Print or type your name **clearly** as it should appear on the license)

Address: _____

Telephone: _____ Email: _____

Church you represent: _____
(Print Name and City **Clearly**)

License Requested

Worship Leader

Eucharistic Minister

Administering the elements at any Celebration of the Holy Eucharist

Eucharistic Visitor

Taking Consecrated Sacrament to the ill or infirm

[SAFE CHURCH TRAINING is REQUIRED, before license is issued –

Date Issued or Renewed _____]

Is this a new license? _____ If so, date and location of training in Diocese of Upper S.C.

Is this a renewal of your license? _____ If so, date and location of most recent training in Diocese of Upper S.C.

Have you read the canonical description of these ministries and the diocesan guidelines and standards? Yes ___ No ___

(Signature of Applicant)

(Date)

(Signature of Rector/Vicar)

(Date)

(Signature of Trainer)

(Date)

(Print Rector/Vicar Name)

(Print Trainer Name)