

The Episcopal Diocese of Upper South Carolina Lay Ministry License Application

(Mail to EDUSC, Attn: Lay Licensure, 1115 Marion Street, Columbia, SC 29201)

Name:				
(Print or type y	our name cle	arly as it should	appear on the license)	
Address:				
Primary phone:		Email:		
Parish you attend:				
	(F	Print Name and (City Clearly)	
License Requested Worship Leader Eucharistic Minister Administering the elements at Eucharistic Visitor Taking Consecrated Sacramen Safe Church, Safe Comr *Applicants for a Lay Eucharistic Visitor licer Have you read the canonical description of the same of the canonical description.	t to the ill or nunities tr	infirm raining* is R lete the module	EQUIRED before lic Recognizing Abuse and Expl	loitation in Elder Serving Programs
guidelines and standards?	Yes	No		
	163	INO		
Date and Location of training				
(Signature of Applicant)			(Date)	
(Signature of Rector/Vicar)			(Date)	
(Signature of Trainer)			(Date)	
(Print Trainer Name)				