



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

(Return to EDUSC, Attn: Julie Derrick, 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)

**SAFEGUARDING (SAFE CHURCH) TRAINING IS REQUIRED, before EV license\* is issued.**

Date Issued or Renewed \_\_\_\_\_

Is this a new license? \_\_\_\_\_ If so, date and location of most recent 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)**