

**THE EPISCOPAL DIOCESE OF FORT WORTH**

2900 Alameda Street  
Fort Worth, TX 76108

**APPLICATION FOR EUCHARISTIC VISITOR'S LICENSE**

*A Eucharistic Visitor is a lay person authorized to take the Consecrated Elements in a timely manner following a Celebration of the Holy Eucharist on Sunday to members of the congregation who, by means of illness or infirmity, were unable to be present at the Celebration.*

NAME OF APPLICANT: \_\_\_\_\_

PARISH/MISSION: \_\_\_\_\_  
City

Date of Birth: \_\_\_\_\_

Baptism Date: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_

Training received from: \_\_\_\_\_

Date of completion of training: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

**ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION**

As Priest in charge of this congregation, I have examined the above-named applicant and found him/her to be proficient in the duties of a Eucharistic Visitor. I thereby recommend him/her to minister to this congregation in that capacity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENDORSEMENT OF VESTRY**

As Senior Warden of \_\_\_\_\_  
Church

I hereby certify that \_\_\_\_\_  
Name

has the approval and endorsement of the Vestry to be a Eucharistic Visitor for this Parish/Mission.

Signature \_\_\_\_\_ Date \_\_\_\_\_