

THE EPISCOPAL DIOCESE OF FORT WORTH

2900 Alameda Street
Fort Worth, TX 76108

APPLICATION FOR WORSHIP LEADER'S LICENSE

NAME OF APPLICANT: _____

PARISH/MISSION: _____
City

Date of Birth: _____

Baptism Date: _____

Confirmation Date: _____

Training received from: _____

Date of completion of training: _____

Reason for seeking a Worship Leader's License: _____

Signature of applicant

ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION

Signature _____

Date _____