



EPISCOPAL CHURCH IN CONNECTICUT  
PARTICIPATING IN GOD'S MISSION

THE EPISCOPAL CHURCH IN CONNECTICUT (2017-2019)

Application for Eucharistic Visitor License

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

Parish: \_\_\_\_\_ Town: \_\_\_\_\_

Minister-in-Charge: \_\_\_\_\_

*Title III, Canon 4, Sec. 7 A Eucharistic Visitor is a lay person authorized to take the Consecrated Elements in a timely manner following a Celebration of Holy Eucharist to members of the congregation who, by reason of illness or infirmity, were unable to be present at the Celebration. A Eucharistic Visitor should normally act under the direction of a Deacon, if any, or otherwise, the Member of the Clergy or other leader exercising oversight of the congregation or other community of faith.*

**---PLEASE TYPE (or PRINT CAREFULLY) the NAME and ADDRESS. PLEASE INCLUDE DATES FOR PUBLIC RECORD CHECK AND SAFE CHURCH TRAINING---**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Public Record Check Completed: \_\_\_\_\_

Public Record Check Completed: \_\_\_\_\_

Safe Church Training Completed: \_\_\_\_\_

Safe Church Training Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

*I have requested these persons to assist in the administration of Communion to the sick and shut-in in the parish and have instructed and prepared them for this ministry. I give my consent to their application.*

SIGNATURE Minister in Charge: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE RETURN FORM TO THE ATTENTION OF AMBER PAGE GEHR AT THE OFFICE OF THE EPISCOPATE AT THE ADDRESS BELOW.**