

## APPLICATION FOR RENEWAL LAY LICENSE DIOCESE OF CENTRAL PENNSYLVANIA

To be completed by applicant

| + My full na         | ame: (Mr./Mrs./Ms.)   |         |           |                |       |  |
|----------------------|---|---------|-----------|----------------|-------|--|
| +Address             |   |         |           |                |       |  |
| +Telephone           | e: Email:   |         |           |                |       |  |
| +My congregood stand | egation in the Diocese of Central Pennsylvania wher ing:  | e I am  | a confi   | irmed adult in |       |  |
| license as:          | lication to the Bishop of the Diocese of Central Penr   | nsylvar | nia for r | enewal of my   |       |  |
| D                    | Worship Leader  |         |           |                |       |  |
| D                    | EUCHARISTIC MINISTER  |         |           |                |       |  |
| D                    | EUCHARISTIC VISITOR   |         |           |                |       |  |
| Signature of         | of applicant  |         | Date      |                |       |  |
| I                    |   | _ '     | in        | charge         | o f   |  |
|                      | (Priest/Deacon)   | (Pa     | rish, Com | munity)        |       |  |
| request ren          | newal of the license(s).  |         |           |                |       |  |
|                      | named applicant is an adult communicant in good s to my satisfaction and will continue to serve under m |         |           |                | , has |  |
|                      |   |         |           |                |       |  |
|                      | Signature of Clergy   |         |           | Date           |       |  |

## **MAIL THIS APPLICATION TO:**

The Rt. Rev. Audrey Cady Scanlan Diocese of Central Pennsylvania PO Box 11937 Harrisburg, PA 17108-1937