

**DIOCESE OF WESTERN MASSACHUSETTS
LAY LICENSE APPLICATION**

Name: _____ Parish: _____

Address: _____

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Phone: _____

Date of birth: _____

Date of Baptism: _____

Church: _____

Date of Confirmation: _____ Church: _____

License applying

for: _____

Please explain your license training and experience: _____

Safe Church Completion Date: _____

Signature of Applicant: _____

Signature of Clergy: _____

Approval date by the Episcopal Diocese of Western Massachusetts: _____ (for office use only)