

DIOCESE OF OKLAHOMA
APPLICATION FORM – EUCHARISTIC MINISTER

Right Reverend and Dear Sir:

I hereby respectfully apply for a EUCHARISTIC MINISTER's License for:

(Mr.)(Mrs.)(Ms.)(Other_____) _____
(Please indicate preferred salutation) Print Full Name Preferred Name

Address _____ Preferred Phone _____
(Please indicate preferred phone type: cell/home/business/church)

Preferred Email _____

Date of Birth _____
(month/day/year)

Date of Baptism _____ Date of Confirmation _____
(month/day/year) (month/day/year)

Place where Baptized _____ Place where Confirmed _____

I believe the above named person is of good character and is sufficiently trained to hold this office.

Priest in Charge (please print) Signature Date

Church _____

Mailing address _____

Date

The Rt. Rev. Poulson C. Reed

The applicant should use the reverse side of this application to state reasons for seeking this office.