

DIOCESE OF OKLAHOMA
EUCCHARISTIC VISITOR APPLICATION

Name _____ Home Phone _____

Mailing Address _____ Work Phone _____

City _____ OK Zip _____

Length of time in this Diocese _____

Date and place of Baptism _____

Current Occupation _____

Employed by _____

Special training in ministry _____

Reasons for seeking this ministry _____

I attest that I have completed the trainings Safeguarding God's People and Safeguarding God's Children (attach copy of most recent certificates) and that I will keep this training current as required by the policies of the Diocese of Oklahoma and The Episcopal Church.

Date _____

Signed _____

Date _____

The Rt. Rev. Poulson C. Reed

**DIOCESE OF OKLAHOMA
NOMINATION FOR EUCHARISTIC VISITOR**

Right Reverend and Dear Sir:

The Clergy in charge and vestry of _____

_____ nominate _____

to enter training for Eucharistic Visitor. This person's application is attached.

We, the undersigned clergy and vestry, do certify that this person is a communicant in good standing and has indicated a willingness to submit to training and is prepared to spend the time necessary for preparation, visitations, reporting and recording information.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dated _____

Clerk of the Vestry _____