

**APPLICATION FOR PEOPLE TO HELP IN THE ADMINISTRATION
OF HOLY COMMUNION**

I do wish to apply for a license for the following person to assist in the Administration of
the Communion in the Parish of _____

or the Congregation of _____

Name: _____

Address: _____

Age: _____

Parish: _____

Other Offices in the Church:

a. _____

b. _____

c. _____

The meeting of the Vestry or Parish Council was held to give approval

Place: _____

Date: _____

Rector: _____ **Date:** _____