 **Anglican Diocese of Gippsland**

**APPLICATION OF**

**LETTER OF AUTHORISATION**

NAME IN FULL ..............................................................................................................................

PARISH ............................................................................................................................................

RESIDENTIAL ADDRESS .............................................................................................................

POSTAL ADDRESS ………………………………………………………………………………

PHONE ………………………….. …………………………… …………………………….

APPLICATION OF: (Please tick which applies)

□ LITURGICAL ASSISTANT □ EUCHARISTIC ASSISTANT

Signature of Applicant ………………………………….………… Date …..…/..……/……..….

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**RECOMMENDATION OF INCUMBENT OR PRIEST IN CHARGE**

I, …………………………………………………………………..……. Minister of the Parish of …………………………………………………..…………………………..…do recommend that ............................................................................................................ whose signature is above, be licensed/authorised to the office of ……………………………………………………….(insert Liturgical Assistant or Eucharistic Assistant) for three years, being the term of the current Synod of the Diocese. I certify that they are a regular communicant of the parish.

Signature ……………………………………………… Date ……../………/……..

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**PLEASE SEND THE COMPLETED FORM TO**

**THE REGISTRAR, ANGLICAN DIOCESE OF GIPPSLAND, PO BOX 928, SALE VIC 3850**