



The EPISCOPAL DIOCESE of WESTERN MICHIGAN

DATE: _____ (MM/DD/Year)

RE: Licensing for _____ (Year)

Please complete the form below indicating your desire to be licensed in the Diocese of Western Michigan.
Please email this to Tricia Leistra, Diocesan Administrator, at tleistra@edwm.org. After approval, a copy will be returned to you for your records.

To: The Bishop of Western Michigan

Having canonical residence in the Diocese of _____, OR rostered in the Synod of _____, I request, under Canon 111.9.7 of the Constitution and Canons of the Episcopal Church, to be licensed to officiate in the Diocese of Western Michigan for the Calendar year of _____.

Signature: _____

Home Address: _____

Email: _____ Phone/Cell: _____

Date of Birth: _____ (MM/DD/Year)

Training (Please Check those taken and date of completion):

___ Safeguarding God's Children _____ (MM/DD/Year)

___ Safeguarding God's People _____ (MM/DD/Year)

___ Dismantling Racism _____ (MM/DD/Year)

Other Specialized Training and Date(s) of

Completion: _____
