



# 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 Willa Williams, Diocesan Administrator, at [office@edwm.org](mailto:office@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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_