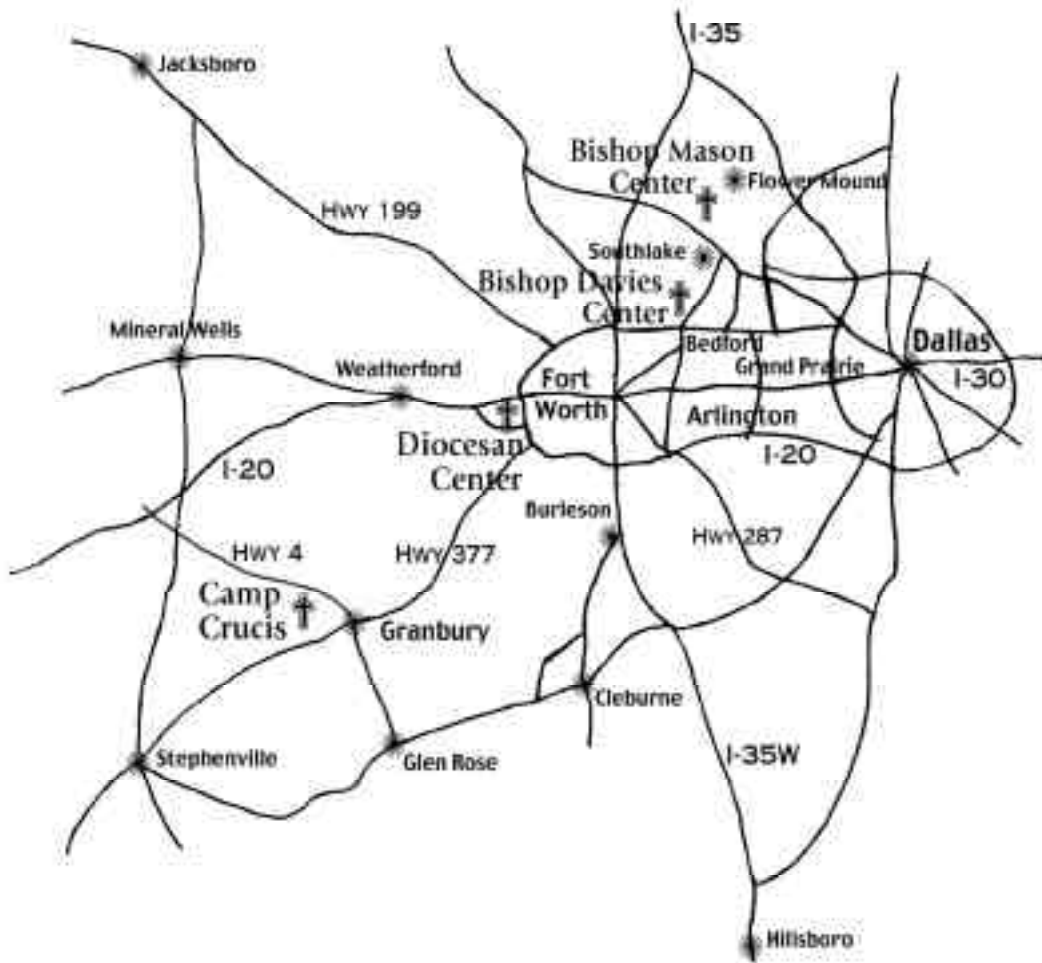


SECTION IX:

MAP AND FORMS



**INFORMATION & PETITION
TO BE MARRIED IN THE CHURCH**

For those who have been previously married and whose former spouse is still living. A separate form is to be filled out by the priest for each person who has been divorced.

Petitioner's Full Legal Name _____

Full Legal Name of Intended Spouse _____

Petitioner's Present Age _____ Age of Petitioner's Intended Spouse _____

Date Petitioners made their intentions known to you _____

Petitioner's present status in the Church _____

What is date of intended marriage: _____

Dates of ALL Previous Marriages _____

Dates and States of ALL Divorce Decrees _____

Do you have a Certified Copy of ALL Divorce Decrees in your file? _____

In an accompanying letter, explain the causes for the failure of the previous marriage(s), as determined through your counseling and your assessment of the probability of these problems recurring.

A letter is also required from the petitioner(s). (See The Customary of the Episcopal Diocese of Fort Worth. Page 16.)

Was the Petitioner previously married in the Church and instructed in its teaching of marriage? _____

Have all obligations to former spouses and children been satisfied? _____

Can Petitioner continue to meet any obligations that still exist, and are both parties of this marriage willing to do so? _____

Have both parties been instructed in the Church's teaching on marriage? _____

Have you a signed Declaration of Intention for your file? _____

Do both parties freely and knowingly consent to this marriage without Fraud, Coercion, Mistake of Partner's Identity or Mental Reservation? _____

Have all other Canonical and civil requirements been met? _____

As a summation of your feelings, would you:

____ A. NOT CARE TO OFFICIATE AT THIS PROPOSED MARRIAGE? (I.18.4)?

____ B. GLADLY OFFICIATE AT THIS PROPOSED MARRIAGE?

____ C. OFFICIATE WITHOUT FEELINGS EITHER WAY?

Priest's signature _____ Date _____

Church _____ City _____

PETITION APPROVED _____

PETITION DISAPPROVED _____

DATE _____

BISHOP OF FORT WORTH

**THE EPISCOPAL DIOCESE OF FORT WORTH
2900 Alameda Street
Fort Worth, TX 76108**

APPLICATION FOR WORSHIP LEADER'S LICENSE

NAME OF APPLICANT: _____

DATE OF BIRTH: _____

PARISH/MISSION: _____

BAPTISM DATE: _____

CONFIRMATION DATE: _____

TRAINING RECEIVED FROM: _____

DATE OF COMPLETION OF TRAINING: _____

REASON FOR SEEKING WORSHIP LEADER'S LICENSE: _____

SIGNATURE OF APPLICANT

ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION

SIGNATURE _____ **DATE** _____

CHURCH _____

**THE EPISCOPAL DIOCESE OF FORT WORTH
2900 Alameda Street
Fort Worth, TX 76108**

APPLICATION FOR RENEWAL OF WORSHIP LEADER'S LICENSE

NAME OF APPLICANT: _____

PARISH/MISSION: _____

SIGNATURE OF APPLICANT

ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION

SIGNATURE _____

DATE _____

CHURCH _____

**THE EPISCOPAL DIOCESE OF FORT WORTH
2900 Alameda Street
Fort Worth, TX 76108**

APPLICATION FOR EUCHARISTIC MINISTER'S LICENSE

A lay person authorized to administer the chalice at any Celebration of the Holy Eucharist in the absence of a sufficient number of Priests or Deacons assisting the Celebrant.

NAME OF APPLICANT: _____

DATE OF BIRTH: _____

PARISH/MISSION: _____

BAPTISM DATE: _____

CONFIRMATION DATE: _____

TRAINING RECEIVED FROM: _____

DATE OF COMPLETION OF TRAINING: _____

SIGNATURE OF APPLICANT

ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION

As Priest in charge of this congregation, I have examined the above-named applicant and found him/her to be proficient in the duties of a Eucharistic Minister. I thereby recommend him/her to minister to this congregation in that capacity.

SIGNATURE _____

DATE _____ **CHURCH** _____

ENDORSEMENT OF VESTRY:

As Senior Warden of _____

Church

I hereby certify that _____

Name

has the approval and endorsement of the Vestry to be a Eucharistic Minister for this Parish/Mission.

Date _____

Signature

**THE EPISCOPAL DIOCESE OF FORT WORTH
2900 Alameda Street
Fort Worth, TX 76108**

APPLICATION FOR RENEWAL OF EUCHARISTIC MINISTER'S LICENSE

A lay person authorized to administer the chalice at any Celebration of the Holy Eucharist in the absence of a sufficient number of Priests or Deacons assisting the Celebrant.

NAME OF APPLICANT: _____

PARISH/MISSION: _____

SIGNATURE OF APPLICANT

ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION

As priest in charge of this congregation, I endorse this application for renewal of the license of this person as a Eucharistic Minister.

SIGNATURE _____

DATE _____

CHURCH _____

ENDORSEMENT OF VESTRY:

As Senior Warden of _____
Church

I hereby certify that _____
Name

has the approval and endorsement of the Vestry to be a Eucharistic Minister for this Parish/Mission.

Date _____

Signature

**THE EPISCOPAL DIOCESE OF FORT WORTH
2900 Alameda Street
Fort Worth, TX 76108**

APPLICATION FOR EUCHARISTIC VISITOR'S LICENSE

A lay person authorized to take the Consecrated Elements in a timely manner following a Celebration of the Holy Eucharist on Sunday to members of the congregation who, by means of illness or infirmity, were unable to be present at the Celebration.

NAME OF APPLICANT: _____

DATE OF BIRTH: _____

PARISH/MISSION: _____

BAPTISM DATE: _____

CONFIRMATION DATE: _____

TRAINING RECEIVED FROM: _____

DATE OF COMPLETION OF TRAINING: _____

SIGNATURE OF APPLICANT

ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION

As Priest in charge of this congregation, I have examined the above-named applicant and found him/her to be proficient in the duties of a Eucharistic Visitor. I thereby recommend him/her to minister to this congregation in that capacity.

SIGNATURE _____

DATE _____ **CHURCH** _____

ENDORSEMENT OF VESTRY:

As Senior Warden of _____ **Church**

I hereby certify that _____ **Name**

has the approval and endorsement of the Vestry to be a Eucharistic Visitor for this Parish/Mission.

Date _____ **Signature** _____

**THE EPISCOPAL DIOCESE OF FORT WORTH
2900 Alameda Street
Fort Worth, TX 76108**

APPLICATION FOR RENEWAL OF EUCHARISTIC VISITOR'S LICENSE

A lay person authorized to take the Consecrated Elements in a timely manner following a Celebration of the Holy Eucharist on Sunday to members of the congregation who, by means of illness or infirmity, were unable to be present at the Celebration.

NAME OF APPLICANT: _____

PARISH/MISSION: _____

SIGNATURE OF APPLICANT

ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION

As Priest in charge of this congregation, I have examined the above-named applicant and found him/her to be proficient in the duties of a Eucharistic Visitor. I thereby recommend him/her to minister to this congregation in that capacity.

SIGNATURE _____

DATE _____

CHURCH _____

ENDORSEMENT OF VESTRY:

As Senior Warden of _____

Church

I hereby certify that _____

Name

has the approval and endorsement of the Vestry to be a Eucharistic Visitor for this Parish/Mission.

Date _____

Signature

**THE EPISCOPAL DIOCESE OF FORT WORTH
2900 Alameda Street
Fort Worth, TX 76108**

APPLICATION FOR CATECHIST'S LICENSE

NAME OF APPLICANT: _____

DATE OF BIRTH: _____

PARISH/MISSION: _____

BAPTISM DATE: _____

CONFIRMATION DATE: _____

TRAINING RECEIVED FROM: _____

DATE OF COMPLETION OF TRAINING: _____

REASON FOR SEEKING CATECHIST'S LICENSE: _____

SIGNATURE OF APPLICANT

ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION

SIGNATURE _____

DATE _____

CHURCH _____