

# THE EPISCOPAL DIOCESE OF FORT WORTH

2900 Alemeda Street  
Fort Worth, TX 76108

## APPLICATION FOR WORSHIP LEADER'S LICENSE

NAME OF APPLICANT: \_\_\_\_\_

PARISH/MISSION: \_\_\_\_\_ City \_\_\_\_\_

Date of Birth:

Baptism Date:

Confirmation Date:

Training received from:

Date of completion of training:

#### Reason for seeking a Worship Leader's License:

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Signature of applicant

## ENDORSEMENT OF RECTOR/VICAR OF CONGREGATION

Signature \_\_\_\_\_

Date \_\_\_\_\_