

REQUEST FOR LICENSE TO OFFICIATE

*To be completed by clergy canonically resident in another diocese
who desire a license to function in the Diocese of Pittsburgh.*

PLEASE PRINT

Name _____

Spouse's name _____

Mailing address _____

Email address _____

Home Phone _____ Work _____ Cell _____

Where are you canonically resident? Diocese of _____

Present position in the Episcopal Diocese of Pittsburgh, TEC (Ministry and present affiliation)

Date of ordination to the diaconate and name of ordaining bishop:

Date of ordination to priesthood and name of ordaining bishop:

Have you attended Sexual Misconduct Prevention Training for children and adults?

Yes Date: _____ No

Have you attended Anti-Racism Training?

Yes Date: _____ No

(If you have not already done so, please send copies of certificates of completion to the Diocesan office.)

Are you willing to be on the Diocesan Clergy Supply List? Yes No

If so, please indicate when available and what churches or area: _____

List skills you are willing to share in the Diocese at the Bishop's request: _____

Date: _____ Signature: _____

Mail completed form to:

Episcopal Diocese of Pittsburgh, 4099 William Penn Highway, Suite 502, Monroeville, PA 15146

Or email to: office@episcopalpgh.org Questions? Call 412-721-0853

Licenses are issued for a three-year period, expiring at the end of February.