REQUEST FOR LICENSE TO OFFICIATE FOR RETIRED CLERGY

To be completed by clergy canonically resident over the age of 72 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 canonical	ly resident? Diocese of	
-	-	
Are you willing to be on t	the Diocesan Clergy Supply Lis	st? □ Yes □ No
If yes, please indicate wh	en available and what church	es or area:
Date:		
Signature:		

Mail completed form to:

Episcopal Diocese of Pittsburgh, 325 Oliver Avenue, Suite 300, Pittsburgh, PA 15222 Or email to: arath@episcopalpgh.org Questions? Call 412-721-0853 x251

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