

## SECTION 5 – FORMS

### FORM 5.9.1 – Continuing LMWS

#### APPLICATION FOR LAY MINISTER OF WORD AND SACRAMENT

*To be completed by Clergy Incumbent and Candidate*

To: Territory Office  
360 Nicola Street, Kamloops BC V2C 2P5  
Fax: 778-471-5586  
Email: [office@territory.anglican.ca](mailto:office@territory.anglican.ca)

I hereby apply for a licence to minister in Word and Sacrament on behalf of the candidate:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)

Email Address: \_\_\_\_\_

I request that she/he be licensed to perform the following ministry(ies)  
(Please check the appropriate designations)

\_\_\_\_\_ (a) Officiate at Morning and Evening Prayer

\_\_\_\_\_ (b) Preach

\_\_\_\_\_ (c) Take the reserved Sacrament to the sick and shut-in

\_\_\_\_\_ (d) Conduct a public service of Eucharist with Reserved  
Sacrament.

This application for the candidate is made with the approval of the congregational  
meeting of \_\_\_\_\_ parish held on \_\_\_\_\_

This candidate completed the Armatus Safe Church on-line training: Yes\_\_\_\_ No\_\_\_\_

This candidate forwarded the Armatus Safe Church on-line training Completion Certificate  
to the Territory Office on: \_\_\_\_\_

Signature of Incumbent \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby consent to my contact information being shared with Territory LMWS and Clergy**

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_