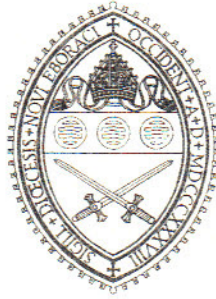


The Rt. Rev. R. William Franklin
BISHOP



**EPISCOPAL DIOCESE
OF WESTERN NEW YORK**
1064 BRIGHTON ROAD
TONAWANDA, NEW YORK 14150
716-881-0660
FAX 716-881-1724
email: rwfranklin@episcopalwny.org

Application for Ministry Licensing

I hereby apply to the Bishop of Western New York to be licensed in the following ministry or ministries of this diocese:

I certify to you that I have fulfilled the requirements for licensing and that I will continue to grow in my understanding of God's Word and the faith and tradition of our Church as well as the practical aspects of the ministries in which I serve God and God's people through my congregation.

Applicant's Name (Please Print) _____

Applicant's Signature _____

Name and Location of Congregation _____

Clergy Recommendation

As the clergy of _____

I hereby recommend _____ to serve in the
ministry or ministries of _____.

I hereby certify that the requirements for this or these licenses have been met.

Date _____

Clergy Signature

Vestry/Council Endorsement

This is to certify that the Vestry/Council of _____
having met on _____, has endorsed the above applicant to serve in
our community of faith in the above named ministry or ministries.

Date _____

Clerk of Vestry/Council