

# 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

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

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 any skills you are willing to share with the Diocese at the Bishop's request: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Mail completed form to:

Episcopal Diocese of Pittsburgh, 325 Oliver Avenue, Suite 300, Pittsburgh, PA 15222

Or email to: [arath@episcopalpgh.org](mailto:arath@episcopalpgh.org) Questions? Call 412-721-0853

**Licenses are generally issued for a three-year period.**