

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 completed Safe Church, Safe Communities training?

Yes Date: _____ No

Have you attended Anti-Racism Training?

Yes Date: _____ No

(Please send copies of transcript or 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 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

Questions? Call 412-721-0853

Licenses are typically issued for a three-year period.