



## BISHOP'S PERMISSION TO ASSIST IN THE DISTRIBUTION OF THE HOLY COMMUNION

TO THE REVEREND .....

CHAPLAINCY OF .....

ARCHDEACONRY OF .....

ON BEHALF OF THE BISHOP I HEREBY GIVE YOU PERMISSION TO INVITE THE PERSONS NAMED OVERLEAF TO ASSIST IN THE DISTRIBUTION OF THE SACRAMENT OF THE LORD'S SUPPER IN EITHER KIND DURING THE CELEBRATION OF THE EUCHARIST AND TO THE SICK AND HOUSEBOUND THIS PERMISSION LASTS FROM NOW UNTIL 31 DECEMBER 2010

(Signed) .....

Archdeacon of / in .....

Date .....

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### NOTES

[1] It is suggested that each chaplain photocopy this blank form and keep copies for future use.

[2] When completed, the application is to be sent to the archdeacon. The chaplain should keep a copy until the Permission has been received from the archdeacon.

[3] The archdeacon will keep a copy of the application and Permission with his records.

[4] The signed Permission should be kept in the chaplaincy safe or other secure place.

[5] This form of application and Permission is to be used only for baptised and confirmed members of the Church of England or a Church in full communion therewith.

If a chaplain wishes to invite a baptised lay or ordained member of another Church to perform this or any other liturgical duty for which the Bishop's Permission is required, the form APPLICATION FOR THE BISHOP'S PERMISSION UNDER THE ECUMENICAL CANONS should be completed and sent to the Diocesan Office. Guidance on the duties for which the Bishop's Permission is required is given in Section 7 of **Regulations and Guidelines for Lay Ministers**.

# THE DIOCESE IN EUROPE

## APPLICATION FOR THE BISHOP'S PERMISSION FOR ASSISTANCE IN THE DISTRIBUTION OF THE HOLY COMMUNION

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*Please read the notes overleaf before completing this application*

CHAPLAINCY OF .....

ARCHDEACONRY OF .....

I apply for the Bishop's Permission to invite the following .... (no.) baptised and confirmed persons to assist in the distribution of the sacrament of the Lord's Supper in this chaplaincy:

Style	Name	Address
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I undertake to provide suitable practical and spiritual preparation for them.

This application was approved at a meeting of the Chaplaincy Council held on .....

(Signed) ..... Chaplain

Supported by .....  
.....  
.....

Wardens

Date: .....