The Diocese of Nova Scotia & Prince Edward Island

APPLICATION FOR PERMISSION TO ADMINISTER COMMUNION FROM THE RESERVED SACRAMENT

Bishop's Policy Administration of Communion from the Reserved Sacrament 1.1.4

SECTION 1 – Parish and Applicant Information

Parish Name:

Rector/Priest-in-Charge:

Applicant's Full Name:

Phone Number:

Email Address:

Describe the character, calling and competency of applicant:

SECTION 2 – Purpose and Context of Ministry

Is there a current ongoing ministry in the parish for Home or Institutional Communion?
☐ Yes ☐ No
If yes, please describe briefly:

_____

_____

_____

Will this ministry occur in (check all that apply):
☐ Private Homes
☐ Hospitals
☐ Nursing/Retirement Homes
☐ Prisons
☐ Other (please specify): _____

Describe the need for this ministry in your parish/community:

_____

_____

_____

SECTION 3 – Preparation and Training

Have you completed training in Eucharistic theology, pastoral care, and SafeR Church policies?
☐ Yes ☐ No

Are you familiar with the liturgy from the Book of Alternative Services (pg. 256–258)?
☐ Yes ☐ No

Have you received instruction regarding the transportation and safe distribution of the sacrament?
☐ Yes ☐ No

Criminal Record Check Submitted:
☐ Yes ☐ No

Vulnerable Sector Check Submitted:
☐ Yes ☐ No

SECTION 4 – Parish Support and Endorsement

Parish Council needs to approve this applicant for the ministry of Reserved Sacrament - *Please include those minutes with application.*

Date of Parish Council Approval: _____

How will this ministry be communicated to parishioners receiving Home communion.

_____

_____

_____

_____

Rector's Endorsement:
"I affirm that the applicant is a communicant in good standing, sincere in practicing their faith, and has completed appropriate training."

Rector/Priest-in-Charge Signature: _____

Date: _____

SECTION 5 – Bishop's Authorization - (To be completed by the Bishop's Office)

License Granted:
☐ Yes ☐ No

Effective Date: _____

Expiry Date (3 years): _____

Conditions/Notes:

_____

_____

Bishop's Signature: _____

Date: _____