

**Appendix 4: Nomination Form**

I, \_\_\_\_\_, pastor/PLC of \_\_\_\_\_  
(name) (name of parish)  
parish in \_\_\_\_\_ nominate the following individual for delegation as a leader of  
(name of city)  
**Sunday Celebrations in the Absence of a Priest:**

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I certify the following (please check the boxes that apply):

- 1. The nominee is a Commissioned lay Extraordinary Minister of Holy Communion:
- 2. The nominee has completed the specific formation for leading Sunday Celebrations in the Absence of a Priest provided by the diocese, by attending one of the following:

- The required classes in the Ministry Formation Program’s Liturgy Year
- Another SCAP certification class/workshop

Specify: \_\_\_\_\_

Signature of Pastor/PLC: \_\_\_\_\_

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

*Office Use Only:*

Decision of Bishop:

- Appoint for three years
- Do not appoint

Signature of Bishop: \_\_\_\_\_

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

*\*See other side if requesting faculties for lay preaching.*

§IV-244 Policies Relating to Gathering for Worship without a Priest; Policies on Lay Preaching

*Check if applicable:*  I also nominate this layperson for the faculty of preaching in accord with diocesan policy §IV-244.6.

I certify that the individual meets the qualifications and competencies listed in diocesan policy (§IV-244.6.1), and that the individual has completed appropriate preparation for this ministry as follows (please check one or both of the following):

- The 5-Year Parish Life Administrator Program through the diocesan Office of Faith Formation
- Other (please describe): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason(s) the ministry is needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Pastor/PLC: \_\_\_\_\_

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

*Office Use Only:*

Decision of Bishop:

- Appoint for three years
- Appoint for one year
- Do not appoint

Instructions: \_\_\_\_\_

Signature of Bishop: \_\_\_\_\_

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