

**DIOCESE OF DAVENPORT
NOMINATION FORM:
Leaders of Sunday Celebrations in the Absence of a Priest**

I, _____, pastor/PLA 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:

- Deacon with faculties in the diocese
- 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 2007-8
- The SCAP certification classes offered in 2008
 - Viewed the required DVD and read the required materials
 - Attended workshop on: _____

Signature of Pastor/PLA: _____

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.*

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Check if applicable: I also nominate this layperson for the faculty of preaching in accord with diocesan policy §IV-244.3.

I certify that the individual meets the qualifications and competencies listed in diocesan policy (§IV-244.3.1), 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/PLA: _____

Date: _____

Office Use Only:

Decision of Bishop:

Appoint for three years

Appoint for one year

Do not appoint

Instructions: _____

Signature of Bishop: _____

Date: _____