



**APPLICATION FOR HOLY ORDERS: DEACON
FORM 1: ASPIRANT'S DECLARATION OF INTENT TO SEEK POSTULANCY**

DIRECTIONS: You may print this form and complete it manually **OR** you may type your responses on this form and print it for further processing.

ASPIRANT'S INFORMATION

PRINT Aspirant's full name:		Gender:
Date of birth (m/d/y):	Birthplace:	
Current street address:		
City:	State:	ZIP code:
E-mail address:		Phone:

NOTE: Please attach a recent photograph of yourself to this form.

CHURCH RELATED INFORMATION

Name of church currently attending:		How long?
Church's street address:		
City:	State:	ZIP code:
Have you been baptized?	Where?	Date (m/d/y):
Have you been confirmed?	Where?	Date (m/d/y):
How long have you been a member of the Episcopal Church?		
If applicable, former denomination:		
If applicable, date received into the Episcopal Church:		
Have you previously made application for Postulancy in this or any other Diocese?		
If yes, in what Diocese?		When?

SPOUSE'S/ PARTNER'S INFORMATION

Please identify yourself as being single, married, partnered, separated, divorced, widowed:	
If applicable, name of spouse/ partner:	

CHILDREN

Number of dependent children:

EDUCATIONAL INFORMATION

What level of education have you attained?
If any, what degree(s) have you earned?
In what areas of specialization have you concentrated?
NOTE: Please request that an OFFICIAL transcript of your highest degree earned be forwarded to: Bishop's Office, Episcopal Diocese of Rhode Island, 275 North Main Street, Providence, Rhode Island 02903-1298

EMPLOYMENT INFORMATION

Please provide a resume or outline of your employment history, citing names, addresses, telephone numbers, and dates supporting your employment history and include it as part of this form.

REFERENCES

Please list two (2) references **NOT** including relatives, active clergy within the supporting congregation, or a Commission on Ministry (COM) member.

Name:	Name:
Street address:	Street address:
City, State, ZIP code:	City, State, ZIP code:
Phone:	Phone:
E-mail address:	E-mail address:

SIGNATURE

Signature of Aspirant:	Date (m/d/yy):
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**NOTE: Please complete this form and mail it to:
Bishop's Office, Episcopal Diocese of Rhode Island, 275 North Main Street, Providence, Rhode Island 02903-1298**