

APPLICATION FOR HOLY ORDERS: DEACON FORM 2A: NOMINATION OF ASPIRANT

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.				
We, being all or a two-thirds majority of all of the whole Vestry or Bishop's Committee of				
PRINT name of Congregation:				
Church's street address:				
City:	State:	ZIP code:		
	Certify that			
PRINT Aspirant's full name:				
Is a confirmed adult communicant in good standing of this Congregation. We have observed in this person a gift for calling others into a closer relationship with Christ and a deeper communion with one another. And, we do judge the applicant based on personal knowledge, to possess such qualifications as would be fitting for nomination to Holy Orders as a potential deacon. We pledge financial support and encouragement in his/her preparation for ordination to diaconal ministry.				
PRINT full name	Signature		Date (mm/dd/yy)	
	CERTIFICATION			
I hereby certify that the foregoing certificate was signed by all or a two-thirds majority of all of the Vestry or Bishop's Committee cited herein.				
Clerk's/Secretary's signature:		Date (m	Date (mm/dd/yy):	
*Aspirant's signature:		Date (mm/dd/yy):		
*The Assignative signature indicates acceptance of nomination and begins the mandatory minimum 18 months of formation, toward ordination				

*The Aspirant's signature indicates acceptance of nomination and begins the mandatory minimum 18 months of formation toward ordination.

NOTE: The cost of the canonically required psychological evaluation and initial background screening will be shared equally between the nominee, the sponsoring church, and the Diocese (The Constitution & canons of the Episcopal Church, 2012, Title III, canon 6, Sec. 2a.J, p. 71), A check in the amount of \$400.00 should be made payable to The Episcopal Diocese of Rhode Island with the Aspirant's FULL name PRINTED on the memo line. A second background screening may be initiated before candidacy, the cost of which will be shared in the same manner.

If the nominee and/or church require financial assistance in this matter, please attach a check with partial payment and a letter requesting assistance for the remainder of the fee.

Please attach your check and mail it with this completed form to:

Bishop's Office, Episcopal Diocese of Rhode Island, 275 North Main Street, Providence, Rhode Island 02903-1298