



**APPLICATION FOR HOLY ORDERS: DEACON
FORM 6: POSTULANT'S APPLICATION FOR CANDIDACY**

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.

TO: Bishop Knisely

FROM (PRINT Postulant's full name):

Date (mm/dd/yy) of birth:

Current street address:

City:

| State:

| ZIP code:

E-mail address:

| Phone:

RE: APPLICATION FOR CANDIDACY TO THE DIACONATE

DATE (mm/dd/yy):

Having fulfilled all necessary Canonical requirements, I hereby apply for Candidacy to the Diaconate in the Episcopal Diocese of Rhode Island. My date (dd/mm/yy) of admission to Postulancy was

Signature of Postulant:

NOTE: After completing this form, please mail it to:

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