

APPLICATION FOR HOLY ORDERS: PRIEST FORM 7: AFFIRMATION 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.		
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 Postulant's full name: Date of birth:		
is a confirmed adult communicant in good standing in this Congregation, and do judge the applicant based on personal knowledge to possess such qualifications as would be fitting for admission as a Candidate for Holy Orders.		
We pledge financial support and encouragement in his/her preparation for ordination to the Priesthood		
PRINT full name	Signature	Date
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:
Postulant's signature:		Date:
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		