APPLICATION FOR HOLY ORDERS: DEACON
FORM 9: AFFIRMATION FOR ORDINATION

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 Bishops Committee of

PRINT name of Congregation:

Church's street address:

City: State: ZIP code:

certify that

PRINT candidate's full name: Date of birth:

is a confirmed adult communicant in good standing of this congregation. And we do judge the applicant, based on personal knowledge, to possess such qualifications as would be fitting for ordination to the sacred Order of Deacons.

We will continue to pledge financial support and encouragement in his/her preparation for ordination to the Sacred Order of Deacons.

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:
Candidate'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