



**APPLICATION FOR HOLY ORDERS: DEACON**  
**FORM 8: CANDIDATE'S APPLICATION TO BE ORDAINED A DEACON**

**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** candidate's full name): | Date of birth:

current street address:

City: | State: | ZIP code:

E-mail address: | Phone:

**RE: APPLICATION FOR ORDINATION TO THE DIACONATE**

**DATE** (mm/dd/yy):

*Having fulfilled all necessary canonical requirements, I hereby apply for Ordination to the Diaconate in the Episcopal Diocese of Rhode Island.*

*My date (mm/dd/yy) of admission to Postulancy was*

*My date (mm/dd/yy) of admission to Candidacy was*

Signature of Candidate:

**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**