



**APPLICATION FOR HOLY ORDERS: PRIEST
FORM 10: DEACON'S APPLICATION TO BE ORDAINED A PRIEST**

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 SACRED ORDER OF PRIESTS

DATE (m/d/y):

Having fulfilled all necessary canonical requirements, I hereby apply for Ordination to the Sacred Order of Priesthood in The Episcopal Diocese of Rhode Island.

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

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

My date (mm/dd/yy) of admission to the Diaconate was

Signature of Deacon:

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

Bishop's Office, Episcopal Diocese of Rhode Island, 27S North Main Street, Providence, Rhode Island 02903-1298