APPLICATION FOR HOLY ORDERS: PRIEST
FORM 11: AFFIRMATION FOR ORDINATION TO PRIESTHOOD

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 Deacon's full name: Date of birth:

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

We pledge financial support and encouragement in his/her ordination to the Sacred Order of Priesthood.

PRINT full name	Signature	Date

CERTIFICATION

I hereby certify that the foregoing certifieate 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