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