



APPLICATION FOR HOLY ORDERS: PRIEST FORM 8: CANDIDATE'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 PRIESTHOOD

DATE (mm/dd/yy):

Having fulfilled all necessary canonical requirements, I hereby apply for Ordination to the Priesthood 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