APPLICATION FOR HOLY ORDERS: PRIEST
FORM 4: NOMINATION OF ASPIRANT

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 Aspirant's full name:

Is a confirmed adult communicant in good standing of this Congregation. We have observed in this person a gift for calling others into a closer relationship with Christ and a deeper communion with one another. And, we do judge the applicant based on personal knowledge, to possess such qualifications as would be fitting for nomination to Holy Orders as a potential priest. We pledge financial support and encouragement in his/her preparation for ordination to priestly ministry.

PRINT full name	Signature	Date (mm/dd/yy)

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 (mm/dd/yy):
*Aspirant's signature:	Date (mm/dd/yy):

*The Aspirant's signature indicates acceptance of nomination and begins the **mandatory minimum 18 months of formation** toward ordination.

NOTE: The cost of the canonically required psychological evaluation and initial background screening will be shared equally between the nominee, the sponsoring church, and the Diocese *(The Constitution & Canons of the Episcopal Church, 2012, Title **III**, canon 6, Sec. 2a.J, p. 71),* **Invoices will be sent to the sponsoring parish and the postulant.** A second background screening may be initiated before candidacy, the cost of which will be shared in the same manner.

If the nominee and/or church require financial assistance in this matter, please attach a check with partial payment and a letter requesting assistance for the remainder of the fee.

Please attach your check and mail it with this completed form to:

Bishop's Office, Episcopal Diocese of Rhode Island, 275 North Main Street, Providence, Rhode Island 02903-1298