



**APPLICATION FOR HOLY ORDERS: DEACON  
FORM 1: ASPIRANT'S DECLARATION OF INTENT TO SEEK POSTULANCY**

**DIRECTIONS:** You may print this form and complete it manually **OR** you may type your responses on this form then print it for further processing.

**ASPIRANT'S INFORMATION**

<b>PRINT</b> Aspirant's full name:		Gender:
Date of birth (m/d/y):	Birthplace:	
Current street address:		
City:	State:	ZIP code:
E-mail address:		Phone:

**NOTE:** Please attach a recent photograph of yourself to this form.

**CHURCH RELATED INFORMATION**

Name of church currently attending:		How long?
Church's street address:		
City:	State:	ZIP code:
Have you been baptized?	Where?	Date (m/d/y):
Have you been confirmed?	Where?	Date (m/d/y):
How long have you been a member of the Episcopal Church?		
If applicable, former denomination:		
If applicable, date received into the Episcopal Church:		
Have you previously made application for Postulancy in this or any other Diocese?		
If yes, in what Diocese?		When?

**SPOUSE'S / PARTNER'S INFORMATION**

Please identify yourself as being single, married, partnered, separated, divorced, widowed:

If applicable, name of spouse / partner:

**CHILDREN**

Number of dependent children:

**EDUCATIONAL INFORMATION**

What level of education have you attained?

If any, what degree(s) have you earned?

In what areas of specialization have you concentrated?

**NOTE:** Please request that an **OFFICIAL** transcript of your highest degree earned be forwarded to: Bishop's Office, Episcopal Diocese of Rhode Island, 275 North Main Street, Providence, Rhode Island 02903-1298

**EMPLOYMENT INFORMATION**

Please provide a résumé or outline of your employment history, citing names, addresses, telephone numbers, and dates supporting your employment history and include it as part of this form.

**REFERENCES**

Please list two (2) references **NOT** including relatives, active clergy within the supporting congregation, or a Commission on Ministry (COM) member.

Name:	Name:
Street address:	Street address:
City, State, ZIP code:	City, State, ZIP code:
Phone:	Phone:
E-mail address:	E-mail address:

**SIGNATURE**

Signature of Aspirant:	Date (m/d/y):
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**NOTE: On or before June 15, please complete this form and mail it to:**

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