APPLICATION FOR HOLY ORDERS: DEACON
FORM 2A: NOMINATION OF ASPIRANT

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.

We being all or a two-thirds majority of all of the whole Vestry / Bishop's Committee / Chapter 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 deacon. We pledge financial support and encouragement in his/her preparation for ordination to diaconal ministry.

PRINT full name	Signature	Date (m/d/y)

CERTIFICATION

I hereby certify that the foregoing certificate was signed by all or a two-thirds majority of all of the Vestry/Bishop's Committee/Chapter cited herein.

Clerk's/Secretary's signature:	Date (m/d/y):
*Aspirant's signature:	Date (m/d/y):

*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.1, p. 71*). A check in the amount of $400.00 should be made payable to The Episcopal Diocese of Rhode Island with the Aspirant's FULL name PRINTED on the memo line. A second background screening will 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.

On or before October 15, 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