APPLICATION FOR HOLY ORDERS: DEACON
FORM 2B: PARISH DISCERNMENT TEAM'S REPORT

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, the Parish Discernment Team members of the

PRINT name of Congregation:

Church's street address:

City:	State:	Zip code:

having met on the following dates (m/d/y)

are reporting on behalf of

PRINT Aspirant's full name:	Date (m/d/y) of birth:

and with consensus, we make the following recommendation that the Aspirant is called to be a Deacon.

PRINT name	Signature	Date (m/d/y)

NOTE: On or before October 15, please complete this form, attach a supporting *Report of the Parish Discernment Team,* and the *Rector's, Vicar's, or Priest-in-Charge's Confidential Letter of Recommendation* and mail it to:

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