



## APPLICATION FOR HOLY ORDERS: DEACON FORM 6: POSTULANT'S APPLICATION FOR CANDIDACY

**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.

**TO:** Bishop Knisely

**FROM** (**PRINT** Postulant's full name):

Date (m/d/y) of birth:

Current street address:

City:

State:

ZIP code:

E-mail address:

Phone:

**RE: APPLICATION FOR CANDIDACY TO THE DIACONATE**

**DATE** (m/d/y):

*Having fulfilled all necessary Canonical requirements, I hereby apply for Candidacy to the Diaconate in the Episcopal Diocese of Rhode Island.  
My date (d/m/y) of admission to Postulancy was*

Signature of Postulant:

**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**