



**APPLICATION FOR HOLY ORDERS: DEACON
FORM 8: CANDIDATE'S APPLICATION TO BE ORDAINED A DEACON**

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** Candidate's full name):

Date (m/d/y) of birth:

Current street address:

City:

State:

ZIP code:

E-mail address:

Phone:

RE: APPLICATION FOR ORDINATION TO THE DIACONATE

DATE (m/d/y):

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