



APPLICATION FOR HOLY ORDERS: PRIEST 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 SACRED ORDER OF PRIESTHOOD

DATE (m/d/y):

Having fulfilled all necessary Canonical requirements, I hereby apply for Candidacy to the Sacred Order of Priesthood in the Episcopal Diocese of Rhode Island.

My date (m/d/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