APPLICATION FOR HOLY ORDERS: PRIEST
FORM 7: AFFIRMATION 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.

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

is a confirmed adult communicant in good standing in this Congregation and do judge the applicant based on personal knowledge to possess such qualifications as would be fitting for admission as a Candidate for Holy Orders.

We pledge financial support and encouragement in his/her preparation for ordination to the Priesthood.

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):
Postulant's signature:	Date (m/d/y):

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