APPLICATION FOR HOLY ORDERS: PRIEST
FORM 11: AFFIRMATION FOR ORDINATION TO PRIESTHOOD

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

is a confirmed adult communicant in good standing of this congregation. And we do judge the applicant, based on personal knowledge, to possess such qualifications as would be fitting for ordination to the Sacred Order of Priesthood.

We pledge financial support and encouragement in his/her ordination to the Sacred Order of 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):
Candidate'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