

Appendix B - Revised August 2005

**DIOCESE OF SOUTHWEST FLORIDA
HOLY ORDERS ADMISSION APPLICATION**

(In accordance with Canon III.6.2.(b) - Diaconate and Canon III.8.2.(b) - Priesthood)

To The Bishop:

Accepting nomination from my congregation, I hereby submit the following:.

I. Biographical Information

Full Name: _____

Address: _____

E-Mail Address: _____

Contact Telephone Nos.: _____

Date of Birth: _____ Social Security Number _____

Are you a U.S. citizen? Yes: No:

If no, please explain _____

Marital Status: married widowed separated divorced; _____how long?

All Previous Marriages: (Name of Spouse, Date of Wedding, Date of Divorce)

Do you have a medical/emotional health condition that requires special attention? If so, please explain:

I have been a member of the Episcopal Church since:_____.

Are you a member of any other denomination? Yes: No:

If yes, please explain: _____

I have resided in the Diocese of Southwest Florida since: _____

I am a member in good standing of the following Congregation:

_____ Church: _____

Date and Location of Baptism: _____

I was baptized by: _____

Date and Location of Confirmation: _____

I was confirmed by: _____

I have (____) / have not (____) previously applied for admission as a Postulant for Holy Orders.

If the answer is affirmative, please state details on separate attachment.

I intend to seek ordination to (_____) the Diaconate (_____) the Priesthood.

II. Education History

Name of College/University and Location Years Enrolled Major/Degree/Year Earned

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Describe in a separate attachment other training you have received that you believe is relevant.

Have your official academic transcripts sent directly to the Bishop's Office.

III. Attachments

Note: This application will not be considered complete until all attachments are delivered to the office of the Bishop. Please note that all of these items are copied and are available for the Interview Team and a COM review.

A. The certification from the Commission on Ministry of completion of its discernment process and the results of that portion of the discernment process designed specifically for applicants for Holy Orders. In special cases a letter from the Bishop verifying comparable experience satisfactory for discernment will replace the certification from the Commission on Ministry.

- B. List any current employment and any employment in the past ten years. Include name of employer, description of responsibilities and period of employment. A current resume is satisfactory for this purpose.
 - C. The signed Representations and Authorizations page (see below).
 - D. Copies of Baptism and Confirmation Certificates
 - E. A description of the process of discernment by which you have been identified for ordination to the Diaconate / Priesthood.
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IV. Representations and Authorizations

A. I authorize the Canon to the Ordinary to release to the Commission on Ministry (COM) and to the Bishop those reports from the discernment program which are specifically designated for this reporting purpose.

B. I understand that I am under a continuing obligation to provide COM with any information that would correct any representations to COM on any applications or other documents in its possession that are or become inaccurate at any time during the period subsequent to my being accepted as a Postulant for Holy Orders, and that failure to do so shall constitute grounds for my removal from the Register as a Postulant or Candidate.

C. I authorize the Bishop of Southwest Florida and COM to request from me any further information which is deemed relevant to determining my suitability or fitness for Holy Orders, or my continuing progress in the ordination process. If I am accepted as a Postulant, I understand that the COM, the Bishop, and the Standing Committee of the Diocese have a responsibility to seek, receive, and review any information which they reasonably determine they must have in the exercise of their duties.

In every possible case, my permission and signed release will be sought for such an inquiry. And wherever possible, questions arising from such information will be discussed with me. However, I also understand that information may come to the Bishop, to the COM, or to the Standing Committee, without my knowledge or express permission.

D. I affirm and attest that all statements, answers and information contained in this application and any addendum are true and accurate to the best of my knowledge, information and belief and furnished in good faith. I understand that falsification, misrepresentation or omission of any fact(s) requested will be sufficient cause for denial of this application and removal from the program.

Date _____

Signature of Applicant _____

ADDITIONAL INFORMATION

Please comment on the following two areas:

1. Please describe how you will provide financial support for yourself and your family during the educational program required for ordination.

2. In your opinion, are these expectations realistic?

Link for assistance in financial planning:
http://www.cpg.org/cms/content/876_seminarian.cfm