



## APPLICATION FOR HOLY ORDERS

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
(First, Middle, Last)
2. Social Security Number: \_\_\_\_\_
3. Parish \_\_\_\_\_
4. Telephone \_\_\_\_\_  
(Home/Cell) (Business)
5. E-mail \_\_\_\_\_
6. Present Address \_\_\_\_\_  
(Street, City, State, Zip)
7. Permanent Home Address (if different from above)  
\_\_\_\_\_  
(Street City State Zip)
8. Birth Date \_\_\_\_\_  
(Month, Day, Year)
9. Birthplace \_\_\_\_\_  
(Country, State, County)
10. Nationality/US Residence status \_\_\_\_\_
11. Baptism \_\_\_\_\_  
(Date, Church, City)
12. Confirmation \_\_\_\_\_  
(Date, Church, City)
13. Confirmed By: \_\_\_\_\_  
(Bishop, Diocese, Province)
14. Current Parish or Mission \_\_\_\_\_  
(Name, Location)
15. Time (years/months) in this Parish/Mission \_\_\_\_\_ in this Province \_\_\_\_\_
16. Have you ever applied for Holy Orders before?  
\_\_\_ YES (state when, where and reason for re-applying) \_\_\_\_\_  
\_\_\_ NO
17. To what position are you applying?  
\_\_\_ Permanent Deacon  
\_\_\_ Transitional Deacon (to prepare for the priesthood)  
\_\_\_ Priest/Presbyter
18. High School(s) attended \_\_\_\_\_
19. Are you currently enrolled in an educational institution?  
Yes, full time \_\_\_\_\_ Yes, part time \_\_\_\_\_ No \_\_\_\_\_
20. Name and Address of Educational Institution: \_\_\_\_\_  
\_\_\_\_\_

Name: (Last, First, MI): \_\_\_\_\_

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21. Provide the following for each college or university attended, including course of study if currently enrolled:

Name of College or University/ Location	Degree or Diploma	Grade Average (Letter)	Major	Subject

22. Please attach your official transcripts from any institutes of higher education and also a document stating your hopes for further training or ministry preparation.

23. Please attach a résumé or CV outlining your work history.

24. Present marital status:

Single       Married       Widowed  
 Separated/Divorced (please describe circumstances on additional sheet)

25. Please attach the Spouse Statement, to be filled out by your spouse (if any) indicating their response your call to ordained ministry and how he/she feels it will impact your family.

26. Please attach your Spiritual Autobiography document.

27. Please Attach your Family History document.

28. Please attach Clarifying God's Call document.

29. Please sign and attach ADGL Waiver document.

30. Please attach a current headshot or passport style photo (head & shoulders).

31. Please send a check for \$150 payable to the ADGL with "Ordination Application Fee" in the memo line or contact the Canon for Administration for alternate payment method.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)