



Episcopal Diocese  
— OF CENTRAL FLORIDA —

APPLICATION FOR LICENSURE  
AS A PRIEST OR DEACON

PLEASE  
PLACE  
PHOTO  
HERE

DATE: \_\_\_\_\_

**I hereby apply to be licensed in the Diocese of Central Florida.**

I am a  Priest  Deacon in good standing in the Diocese of \_\_\_\_\_  
and have attached to this Application a Letter of Good Standing from the bishop where I am  
canonically resident.

*(Licenses are granted for one year, July 1<sup>st</sup> – June 30<sup>th</sup> Subsequent licenses are granted only after receipt of an  
Annual Report submitted to the Canon to the Ordinary on a form supplied by him.)*

Full Name \_\_\_\_\_  
FIRST MIDDLE LAST (NICK NAME)

Present Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Numbers: Home ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Home Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male

Ordination Dates: Deacon \_\_\_\_\_ Priest \_\_\_\_\_

**This Application is endorsed by:** \_\_\_\_\_  
Diocese of Central Florida: Clergy/Rector/Vicar /Priest-in-Charge

**FAMILY HISTORY**Present marital status:  Single  Married  Divorced  Separated  WidowedNumber of marriages:  Never married  One  Two  Three

Spouse's Name: \_\_\_\_\_ Length of present marriage: \_\_\_\_\_

Spouse's birthday: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_

Former Spouse: \_\_\_\_\_ Length of that marriage: \_\_\_\_\_

Former Spouse: \_\_\_\_\_ Length of that marriage: \_\_\_\_\_

Are there additional marriages? \_\_\_\_\_ How many? \_\_\_\_\_

**Please List Children**

Date of Birth

Sex

Living with  
You Y/N

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MINISTRY HISTORY**

Currently serving at \_\_\_\_\_

 Full time  Part time  Not employed

Please list the churches or ministries you have served in your ordained ministry with starting and ending date

*Church/Ministry organization**Starting Date**Ending Date*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Have you ever been charged, arrested, or convicted for any crimes or misdemeanors?**

Yes       No

If yes, please explain (use additional sheets if necessary): \_\_\_\_\_

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**Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, ecclesiastical body, or educational or training institution? Have there been formal complaints against you that did not result in discipline? Are there complaints pending against you before any of the above-named bodies?**

Yes    No

If yes, please explain (use additional sheets if necessary): \_\_\_\_\_

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**Are you now or have you ever been involved in the production, sale, or distribution of pornographic materials?**

Yes    No

If yes, please explain (use additional sheets if necessary): \_\_\_\_\_

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**Since the age of 21, are you now or have you ever been engaged in sexual behavior (sexual intercourse of any kind, genital contact, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age?**

Yes    No

If yes, please explain (use additional sheets if necessary): \_\_\_\_\_

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**STATEMENT OF THE APPLICANT: (Please read carefully before signing.)**

All information submitted by me in this Application is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this form may be cause for denial of Licensure.

I understand and agree that I will notify the Bishop of any changes in the status of my licensure, censure, or sanction by professional bodies and of any other information relating to my ability to act as a member of the ordained clergy.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**CANONS**  
**Ordained Ministers**

All ordained ministers are expected to be familiar with the content of the Constitution & Canons of The Episcopal Church (<https://generalconvention.org/constitution-and-canons>) and the Constitution and Canons of the Diocese of Central Florida [Constitution and Canons of the Diocese of Central Florida](#) particularly the following:

- [Canon III.6 of the Episcopal Church: Of the Ordination of Deacons](#)
- [Canon III.7 of the Episcopal Church: Of the Life and Work of Deacons](#)
- [Canon III.8 of the Episcopal Church: Of the Ordination of Priests](#)
- [Canon III.9 of the Episcopal Church: Of the Life and Work of Priests](#)
- [Canon IV.3 of the Episcopal Church: Of Accountability](#)
- [Canon IV.4 of the Episcopal Church: Of Standards of Conduct](#)
- [Diocesan Canon XVI: Ordained Ministers](#)

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I, the undersigned, do hereby acknowledge that I have read and understand Canons III.6, III.7, III.8, III.9, IV.3 and IV.4 of the Episcopal Church and Canon XVI of the Diocese of Central Florida.

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

Date \_\_\_\_\_

## **RISK MANAGEMENT**

The Risk Management Policy of the Diocese of Central Florida requires that all clergy, whether stipendiary, non-stipendiary, or otherwise who are engaged in ministry or service to the church are required to submit to a Background Check and to complete training in Child Sexual Abuse Prevention and Sexual Exploitation and Harassment Prevention.

If you have submitted to a background check (including a criminal check, driving record, and credit check) within the past year please request that your diocese of canonical residence send that report to the office of the Canon to the Ordinary. If you have not undergone a background check in the last year, please complete the Background Inquiry Release form included as the last page (page 9) of this application and submit it to the office of the Canon to the Ordinary.

If you have completed training in

- Child Sexual Abuse Prevention
- Adult Exploitation and Harassment Prevention

please provide that certification to the office of the Canon to the Ordinary.

If you have not completed that training, you will be required to do so within six months of your licensing in the Diocese of Central Florida.

For: \_\_\_\_\_  
**Name of Church, Institution/Discernment/Search Process**

### Background Inquiry Release Form

In relation to my serving in the Diocese of Central Florida, I understand and authorize the access of information from various federal, state, and other agencies maintaining information regarding any public record information. I also understand this information may be accessed during my service and up to 30 days after separation from this diocese. I hereby consent to your obtaining various public record information from Diocesan/Church employers, from Praesidium, Inc. and from Professional Screening Services, Inc. and/or any other party or agency, in accordance with the Fair Credit Reporting Act and any and all state federal laws. I also understand that the requested information below is to be used for proper identification only and not for discriminatory purposes.

**Please clearly print the following information. Failure to do so could result in the need to reprocess with additional fees.**

\_\_\_\_\_  
 (First Name) (Full Middle Name) (Last Name)

\_\_\_\_\_  
 Street Address)

\_\_\_\_\_  
 City State County Zip code

\_\_\_\_\_  
 Social Security Number Date of birth

\_\_\_\_\_  
 Gender Driver's License Number State

\_\_\_\_\_  
 Email

#### PLEASE SELECT FROM THE FOLLOWING SEARCHES:

\_\_\_\_\_  
**Multi-state Criminal background check & National Sex Offender Registry check**  
 (Volunteers, staff, elected positions, aspirants, clergy, people in the discernment process)

\_\_\_\_\_  
**Motor Vehicle Record check**  
 (driving on behalf of the institution, people in the discernment process)

\_\_\_\_\_  
**Credit Record check**  
 (processing any finances or monies for the institution, people in the discernment process)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**