

<p>Diocese of Central Florida</p> <p><b>NOMINATION &amp; APPLICATION FORM FOR ORDINATION TO THE DIACONATE</b></p>	<p>PLEASE PLACE PHOTO HERE</p>
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**NOMINATION BY CONGREGATION OR COMMUNITY OF FAITH**

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

\_\_\_\_\_ in \_\_\_\_\_  
 (Congregation or Community of Faith) (City and State)

hereby nominate the following member of our congregation (or faith community) for ordination to the Diaconate in the Episcopal Church in Central Florida.

*(As evidence of this nomination a Letter of Support must be attached signed by at least 2/3rds of the Vestry [or comparable body] and the Rector/Vicar [or comparable leader] committing the church or community to supporting the nominee in the preparation for ordination)*

Full Name of Nominee: \_\_\_\_\_  
 LAST FIRST MIDDLE

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

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

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

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

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

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

**ACCEPTANCE OF NOMINATION BY NOMINEE**

I hereby accept this nomination.

\_\_\_\_\_  
 Signature of Nominee

\_\_\_\_\_  
 Date

## CHURCH MEMBERSHIP

### Baptism *(Attach evidence of Baptism)*

I was baptized in: \_\_\_\_\_  
CHURCH AND LOCATION

on: \_\_\_\_\_ by: The Rev. \_\_\_\_\_  
DATE CLERGY PERSON

### Confirmation *(Attach evidence of confirmation)*

I was confirmed at: \_\_\_\_\_  
CHURCH AND LOCATION

on: \_\_\_\_\_ by The Rt. Rev. \_\_\_\_\_  
DATE BISHOP

## EDUCATIONAL BACKGROUND

I am currently enrolled in an educational institution?  No  Yes  Part time

Name of Institution: \_\_\_\_\_

Graduate of: \_\_\_\_\_  
HIGH SCHOOL DATE

Give the following information on each college or university attended, including present course of study if currently enrolled \*

NAME	YRS. ENROLLED FROM/TO	MAJOR SUBJECT	DEGREE ATTAINED	AVERAGE LETTER GRADE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***\*Include satisfactory evidence that you are a holder of an accredited Baccalaureate Degree or Associates Degree (the minimum degree required), or its equivalent or have fulfilled the requirements of the College Level Academic Skills Test (CLAST).***

***\*Arrange for an official transcript to be sent to the Diocesan Office (Attention: Marilyn Lang) by the relevant institutions of higher learning.***

### WORK HISTORY

Currently employed by \_\_\_\_\_  
 Full time       Part time       Not employed

Please list the positions you have held in your lifetime with the starting and ending date of employment.

<i>Position</i>	<i>Starting Date</i>	<i>Ending Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### HOLY ORDERS

I  have  have not applied for admission as a postulant or candidate for Holy Orders in this or any other diocese. (If you have, give details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I  have  have not been ordained in another church/communion.  
(If you have, give details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I  have  have not been under ecclesiastical discipline.  
(If you have, give details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

Present marital status:  Single  Married  Divorced  Separated  Widowed

Number of marriages:  Never married  One  Two  Three

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

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

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

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

Have your spouse briefly describe his/her feelings regarding your application to enter the ordained ministry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please List Children: 

	Date of Birth	Sex	Living with You Y/N
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Yes  No

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

\_\_\_\_\_  
\_\_\_\_\_



## MINISTRY

How have you been active in ministry in the parish, diocese and community?

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## CANONS

Will you obey the Constitution and Canons of the Episcopal Church  
[Constitution & Canons \(generalconvention.org\)](http://www.generalconvention.org)

and of the Diocese of Central Florida?

<https://cfdiocese.org/wp-content/uploads/2018/01/CONSTITUTION-CANONS-2018.pdf>

Yes  No

In Diocesan Canon XVI the following declaration is made:

“All members of the clergy of this Diocese, having subscribed to the Declaration required by Article VIII of the National Constitution, shall be under the obligation to model in their own lives the received teaching of the church that all its members are to abstain from sexual relations outside of Holy Matrimony.

All members of the clergy of this Diocese may allow to take place in their cures, officiate at, bless or participate in, only those unions prescribed by Holy Scripture: the wedding of one woman and one man. Said clergy are forbidden to allow to take place in their cures, officiate at, bless or participate in any other unions, as proscribed by Holy Scripture.”

Do you subscribe to this Canon and will you do all in your power to uphold this standard?

Yes  No

If “no” please explain:

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

All information submitted by me in this Nomination and 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 acceptance for postulancy or cause for dismissal from Postulancy, Candidacy or the ministry.

I understand and agree that I will notify the Commission on Ministry 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.

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Name (please print)

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Signature

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Date