

Diocese of Central Florida NOMINATION & APPLICATION FORM FOR RECEPTION AS A PRIEST Under Canon III.10.3	PLEASE PLACE PHOTO HERE
--	--

NOMINATION BY CONGREGATION OR COMMUNITY OF FAITH

DATE: _____

We: _____ in _____
 (Congregation or Community of Faith) (City and State)

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

(As evidence of this nomination the following shall accompany this Application:

1. *A Letter of Support signed by at least 2/3rds of the Vestry [or comparable body] and the Rector/Vicar [or comparable leader] committing the church or community supporting the nominee in the preparation for ordination)*
2. *A letter of support from two priests attesting to the moral and religious character of the applicant.*

Full Name of Nominee: _____
 LAST FIRST MIDDLE

Present Address: _____

Mailing Address (if different): _____

Phone Numbers: Home () _____ Business () _____

Email Address: _____

Permanent Home Address (if different from above): _____

Birth date: _____ Gender: Female Male

REQUEST FROM NOMINEE TO BE RECEIVED AS A PRIEST IN THE EPISCOPAL CHURCH

I hereby request to be received as a Priest in the Episcopal Church.

 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 CITY, STATE 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 what you consider as an equivalent.*

**Arrange for an official transcript(s) 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 served as a priest/ clergy person with diligence and good reputation in _____
 _____ Church/Denomination for _____ years. *

Are you currently licensed in this (named above) Church/Denomination? No Yes

Have you left the ministry of the above named Church/Demonination? No Yes

If "yes" why did you leave this Church/Denomination? _____

I believe that my ordination was in a church/denomination which is is not
 in the Historic Succession.

I have have not been under ecclesiastical discipline.

(If you have, give details) _____

****Arrange for ordination credentials to be sent to the Diocesan Office (Attention: Marilyn Lang) from previous church/denomination.***

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
---------------	-----	-----------------	-----

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

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?

CANONS

Will you obey the Constitution and Canons of the Episcopal Church

http://www.churchpublishing.org/general_convention/index.cfm?fuseaction=candc

and of the Diocese of Central Florida? <http://www.cfdiocese.org/ministry/policyhandbk/const/concan.htm>

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:

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

I hereby promise to submit in all things, to the Discipline of the Episcopal Church without recourse to any other ecclesiastical jurisdiction or foreign civil jurisdiction, and declare that I do believe the Holy Scriptures of the Old and New Testaments to be the Word of God, and to contain all things necessary to salvation; and I do solemnly engage to conform to the Doctrine, Discipline, and Worship of the Episcopal Church.

I further declare that 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 this process 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.

Name (please print)

Signature

Date