

# Application for Admission to Postulancy of the Vocational Diaconate

\* Form D1  
Canon III.6.1.(a).(1-6)

*Information required by Canon (III.6) is marked by \*. The aspirant is encouraged to read all of Canon III.6 - 7. All other information is required by the Diocese. Send this form to:*

Executive Administrator  
The Diocese of Colorado  
1300 Washington Street  
Denver, CO 80203-1311

Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\* Name (last) (first) (middle)

Female \_\_\_\_\_ Male \_\_\_\_\_

\* Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_

\_\_\_\_\_  
Current Mailing Address (Street or PO box # ) (Apt. # ) (City, State) (zip)

\_\_\_\_\_  
Home Phone # Work # Cell Phone # E-mail Address

\_\_\_\_\_  
Sponsoring Congregation City

Number of years as a member of the congregation. \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
\* Date of Baptism Denomination Name of Congregation City State

\* *Attach evidence of Baptism*

Former Denominations, if any	Dates of Participation	Ordained	Yes	No

If ordained in a former denomination, give a concise reason for leaving that position *and then elaborate in the Spiritual and Personal Autobiography.*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\* Date Confirmed/Received into the Episcopal Church Parish \_\_\_\_\_

\* *Attach evidence of confirmation or reception*

\* Length of Residency in the Diocese of Colorado \_\_\_\_\_(see glossary for definition)

\* Has there been a previous application for Holy Orders in the Episcopal Church in Colorado or in any other diocese in the Anglican Communion? Yes \_\_\_\_\_ No \_\_\_\_\_

\* If yes, \_\_\_\_\_  
Where Date

*Write about the application and its results in the Spiritual Autobiography.*

Was the aspirant's Congregational Discernment Committee trained by the COM? Yes \_\_\_\_\_  
No \_\_\_\_\_

Was the process taught by the COM followed? Yes \_\_\_\_\_ No \_\_\_\_\_

*On a separate piece of paper, please comment on your experience in the Congregational Discernment phase of this process, what worked, what didn't work, and any suggestions. Title this page "Comments to the COM".*

Comment Page Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

**\* Education**

Level of Education	Place	Date	Degrees

\* Please list areas of specialization

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**Marital status**

Single: Unattached \_\_\_ In a committed relationship \_\_\_ Engaged to be married \_\_\_  
 Married \_\_\_

Name of current spouse/significant other (if any) \_\_\_\_\_

Marriages and other committed relationships (see glossary)

Dates of Marriages or Committed Relationships (see glossary)	Nature of Termination (e.g., divorce, separated, break-up)

*If separated or divorced, full details are requested in the Spiritual and Personal Autobiography.*

Children: a. Name b. Date of Birth c. Date of Death (if applicable) d. Date of Adoption (if applicable) e. Custody (full, shared, none, emancipated)

a.	b.	c.	d.	e.

Current Annual Income: \$ \_\_\_\_\_

Property owned: Auto \_\_\_ Home \_\_\_ Furnishings \_\_\_

What alternative occupation for full or partial support of your financial needs do you have?

\_\_\_\_\_

Disabilities: No \_\_\_ Yes \_\_\_ Give details \_\_\_\_\_

*Address the issue in the Spiritual Autobiography.*

Have you received psychotherapy or similar counseling: Yes \_\_\_ No \_\_\_

Type of Counseling	Dates	Details

*Address this issue in the Spiritual and Personal Autobiography.*

Aspirant's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_