

OFFICE OF THE PERMANENT DIACONATE
Diaconate Aspirancy Information Form

Date:

Name: Last:

First:

Middle:

Home Address:

City:

State:

Zip:

Phone: Home:

Work:

Cell:

Email:

Parish:

Date of Birth:

Marital Status: Single Married Divorced Other

If married, date of current marriage:

Have you ever been divorced? Yes No

Ages of children:

Ages of Dependents at Home:

In what country were you born?

How many years have you lived in the U.S.A?

How many years a baptized and confirmed Catholic:

Are you a practicing Catholic? Yes No

Are you active in your parish? Yes No

Highest level of education attained:

Are you in good health? Yes No

Are you currently employed? Yes No Occupation:

Are you proficient at speaking and writing English? Yes No

Are you willing to undergo a complete battery of psychological tests? Yes No

Are you willing to have any annulment records reviewed as part of an application process? Yes No

Are you willing to undergo a criminal background check? Yes No

Check One:

I have previously submitted an application to the Deacon Formation Program.

I believe I am ready to apply for the Deacon Formation Program.

I am interested in learning more about the program, but not sure if I am ready to apply.