## EXTERN APPLICATION for DEACON FACULTIES

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Please complete fully	/ and return	to the Office	of the	Permanent	Diaconate.
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APPLICANT'S INFORM	ATION	□ Seasonal	Permanent Resident
Legal Name(Last)	(First)	(Middle)	Alias
	Race/Ethnicity		
Address			
City	Zip	Code	
E-mail		Phone	(□ Cell / □ Home)
Date of Birth	Age Place of B	irth (City, State)	
List language fluency(ies)	other than English		
Military Service: Veteran	□ Yes; □ No Bran	ch of Service	
Previous address:			
FAMILY INFORMATION		🗆 Wic	lowed D Never Married
Spouse's Name		Date of Birth	
Date of Marriage			
Spouse's E-mail		Spouse's Pho	one
Are you separated/divorc	ed? □ Yes; □ No	If yes, please explain:	
	been involved in any situat ect your ministry or service		
□ Yes; □ No If	yes, briefly explain:		
Dependents			

Name/Age

Name/Age

Name/Age

Describe Any Physical Limitations:

Diocese of Orlando, Office of the Permanent Diaconate
P. O. Box 1800, Orlando, Florida 32802-1800

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	Applic	ant's Name		
EMERGENCY CONTACT INFO	DRMATION: (Ot	her than Spouse)		
Name		Relation		
Address				-
City		Zip Code		-
E-mail		Phone		_ (□ Cell / □ Home)
ORDINATION INFORMATION				
Date of Ordination	Diocese		Bishop	
Significant Dates <i>Rite of: Candidacy</i>	Lector	Acolyte		
*Are you requesting faculties fo If no, when will you be re	-			
TRANSFER INFORMATION (1	Last Assigned Paris	sh)		
Parish			Diocese	
Pastor			Phone	
Parish Address				
Diaconate Assignments/	Ministry			
DESIRED ASSIGNMENT in Or	lando Diocese (	The Bishop makes all c	ussignments):	
Parish:		City:		
Ministry Engagement Plan:				
Ministry of Charity & Just	tice:			
Ministry of Word:				

Ministry of Liturgy:

EXTERN APPLICATION for DEACON FACULTIES			
	Applicant's	Name	
CURRENT EMPLOYMENT	Retired □ Yes;	□ No	
Profession	Place of Employ	ment	
Work History (last 10 years)			
YEAR[S]	PROFESSION/POSITION		
YEAR[S]	PROFESSION/POSITION		
YEAR[S]	PROFESSION/POSITION		
EDUCATIONAL BACKGROU	<u>ND</u>		
High School Graduate:	□Yes; □GED; □	No If yes: Year (	Graduated:
College[s] attended:			
SCHOOL		Degree/Year	Major Area of Study
School		Degree/Year	Major Area of Study
School		Degree/Year	Major Area of Study

"I agree with and I am living my life in accordance with all the moral teachings of the Catholic Church including, but not limited to, the use of artificial birth control, voluntary sterilization (both my spouse and myself) and that I am living a chaste life style appropriate to my state in life."

SIGNATURE

Date

## **REQUIRED DOCUMENTS**

- Personal hand-written letter to Bishop John Noonan.
- Description of your diaconate formation
- A recent photograph of you and your wife
- Summary of your continuing education history (Curriculum Vitae)
- Letter of good standing from your home diocese and approval from your ordinary to work outside your diocese.
- Letter of good standing from your last assigned parish.
- Statement of mutual Expectations signed by you and your new pastor identifying the ministries in the parish and the community. (*To be completed after coordination with the Diaconate Office for parish assignment*).

Faculties will NOT be granted until ALL documents are received.