

Please complete fully and return to the Office of the Permanent Diaconate.

APPLICANT'S INFORMATION

Seasonal Permanent Resident

Legal Name _____ Alias _____
(Last) (First) (Middle)

Last 4 of your SSN: _____ Race/Ethnicity _____ Citizenship _____

Address _____

City _____ Zip Code _____

E-mail _____ Phone _____ (Cell / Home)

Date of Birth _____ Age _____ Place of Birth _____
(City, State)

List language fluency(ies) other than English _____

Military Service: Veteran Yes; No Branch of Service _____

Previous address: _____

FAMILY INFORMATION

Widowed Never Married

Spouse's Name _____ Date of Birth _____

Date of Marriage _____

Spouse's E-mail _____ Spouse's Phone _____

Are you separated/divorced? Yes; No *If yes, please explain:* _____

Have you or your spouse been involved in any situations or relationships, personal or professional, which could adversely affect your ministry or service as a deacon in the diocese or bring scandal to the church.

Yes; No If yes, briefly explain: _____

Dependents _____
Name/Age Name/Age Name/Age

Describe Any Physical Limitations: _____

Applicant's Name _____

EMERGENCY CONTACT INFORMATION: *(Other than Spouse)*

Name _____ Relation _____

Address _____

City _____ Zip Code _____

E-mail _____ Phone _____ (Cell / Home)

ORDINATION INFORMATION

Date of Ordination _____ Diocese _____ Bishop _____

Significant Dates _____
Rite of: Candidacy Lector Acolyte

*Are you requesting faculties for year round service in the Diocese? Yes; No

If no, when will you be residing in the Orlando Diocese? _____

TRANSFER INFORMATION *(Last Assigned Parish)*

Parish _____ Diocese _____

Pastor _____ Phone _____

Parish Address _____

Diaconate Assignments/Ministry _____

DESIRED ASSIGNMENT in Orlando Diocese *(The Bishop makes all assignments):*

Parish: _____ City: _____

Ministry Engagement Plan:

Ministry of Charity & Justice: _____

Ministry of Word: _____

Ministry of Liturgy: _____

