

DEACON TRANSFER REQUEST

*The deacon is required to complete this form in its entirety, to include reason for the request.
Final approval to reassign a deacon rests with the Bishop. No action should be taken prior to the Bishop's approval and reassignment letter is received.*

Deacon: _____ Date: _____
Email Address: _____ Cell Phone: _____
Date Ordained: _____ Type: Incardinated: Extern:
Age: _____ Status: Active: Senior: Seasonal:
To your knowledge, are you a deacon in good standing? Yes No
Do you attend scheduled deanery meetings? Yes No

CURRENT PARISH

Parish: _____ Years Assigned: _____
Did you discuss your desire to transfer with the pastor? Yes No
Do you meet with the pastor on a regular basis? Yes No
Which describes your Pastor/Deacon relationship: Professional; Cordial; Strained
How often do you serve at Sunday Mass? as scheduled; upon request; never
How often do you preach at: Daily Mass: as scheduled; upon request; never
Sunday Mass: as scheduled; upon request; never
How many deacons are assigned to your parish? _____
If your transfer is approved:
Are you leaving a ministerial leadership vacancy? Yes No
Briefly share the reason you desire to be transferred from this parish:

Deacon's Signature

PASTOR APPROVAL/DISAPPROVAL

I Approve; Disapprove this transfer request.

Reason for disapproval:

Pastor's Signature

RECEIVING PARISH

Parish I would like to be transferred to: _____

Pastor: _____ City: _____

Briefly share the reason you are requesting to be transferred to this parish:

PASTOR ACCEPTANCE/DISAPPROVAL

DISAPPROVE this transfer request. Reason for disapproval:

ACCEPTANCE & AGREEMENT: The pastor and parish community agree to accept this deacon and his family. We agree to challenge him to live fully his dual vocations of marriage and diaconate. We will keep open avenues of communication so that the unfolding ministry of the deacon in Word, Liturgy, and Charity will be able to grow in our midst.

We further agree as a parish to provide financial support, in the form of the annual deacon assessment, for the cost of their continuing formation, annual overnight retreat and convocation for the deacon and his spouse.

Pastor's Signature

Office of the Permanent Diaconate
RECOMMENDATION

Approve; Disapprove this transfer request.

Justification:

Director's Signature