

APPLICATION FOR THE PERMANENT DIACONATE
Roman Catholic Diocese of Lexington

Section 1. Personal and Identifying Information

1. Full legal name: _____

By what name do you wish to be called? _____

2. Address: Street _____ Apt. _____

City _____ State _____ Zip _____

3. Telephone (with area code)/e-mail: Home Phone _____

Work Phone _____

Cell Phone (optional) _____

e-mail address _____

4. Birth Information: Date of Birth _____

Place of Birth (city and state) _____

5. Your Social Security Number (required for background check) _____

6. Are you a citizen of the United States? Yes _____ No _____

If no, please explain your residency status _____

7. How long have you been a resident of the Diocese of Lexington? _____

8. To what parish do you belong? _____

Parish Address _____

Pastor _____

9. Were you baptized Roman Catholic? Yes _____ No _____

If yes: Church where you were baptized _____

Address _____

City, State, Zip _____

Date of your baptism _____

If no: What was the denomination of your baptism _____

Church of your baptism, city, and state _____

Church where you were received into the Catholic Church _____

Address _____

City, State, Zip _____

Date of your reception into the Catholic Church _____

10. Have you been confirmed? Yes _____ No _____

If yes, at what church were you confirmed? (Name, City, and state) _____

11. Have you ever been a seminarian or a candidate for a religious order? Yes _____ No _____

If yes, please explain: _____

Please include an original Baptism Certificate from the church where you were baptized. This certificate must have been issued within the past six months and should have confirmation and wedding information noted on the certificate. If these are not noted you must obtain separate confirmation and wedding certificates (if applicable) from the churches where you received these sacraments.

12. Your family of origin:

Father's Name _____

Address if living _____

Mother's First and Maiden Name _____

Address if living _____

Names and Addresses of your brothers and sisters:

a. _____

b. _____

c. _____

d. _____

e. _____

13. Emergency Contact:

Person or persons to be contacted in case of emergency other than spouse if married:

Name(s) _____

Address _____

Telephone (with area code) _____

Relation _____

Section 2. Marriage and Family

1. Your current Marriage Status: Single _____ Widowed _____ Separated _____ Married _____

If currently married: Number of years in your current marriage _____

Date and place, including parish, for your current marriage: **(Please include a marriage certificate from the parish if this is not noted on your Baptismal Certificate.)** _____

2. Were you ever married in a civil ceremony or in a church other than the Catholic Church?

Yes _____ No _____

If yes please explain: _____

3. If previously married: Number of previous marriages _____

How did these marriage(s) terminate; Spouse Died _____ Civil Divorce _____

If you obtained a civil divorce, have you obtained an annulment? Yes _____ No _____

If yes, date granted: _____ Granted by (Diocese) _____

Note: If you obtained an annulment please enclose a copy of the annulment decree. If there was more than one previous marriage repeat the above information for each marriage on a separate sheet of paper and enclose the required attachments.

4. Your Wife (to be completed if married)

Wife's full maiden name: _____ Her date of birth: _____

Wife's Religion: _____ Was your wife baptized Roman Catholic? Yes _____ No _____

If yes: Church where she was baptized _____

Address _____

City, State, Zip _____

Date of her baptism _____

If no: What was the denomination of her baptism _____

Church of her baptism, city, and state _____

If Catholic, at what church was she received into the Catholic Church:

Church _____

Address _____

City, State, Zip _____

Date of her reception into the Catholic Church _____

5. Was your wife ever married in a civil ceremony or in a church other than the Catholic Church?

Yes _____ No _____

If yes please explain: _____

6. If your wife was previously married: Number of previous marriages _____

How did these marriage(s) terminate; Spouse Died _____ Civil Divorce _____

If she obtained a civil divorce, did she obtain an annulment? Yes _____ No _____

If yes, date granted: _____ Granted by (Diocese) _____

**Note: If she obtained an annulment please enclose a copy of the annulment decree.
If there was more than one previous marriage repeat the above information for each marriage on a separate sheet of paper and enclose the required attachments.**

7. Was your wife ever in religious life? Yes _____ No _____

If yes please explain: _____

8. Children:

a. Name: _____ Date of Birth: _____

Address: _____

Child of Current Marriage _____ Child of your previous marriage _____

Child of your wife's previous marriage _____ Adopted _____

b. Name: _____ Date of Birth: _____

Address: _____

Child of Current Marriage _____ Child of your previous marriage _____

Child of your wife's previous marriage _____ Adopted _____

c. Name: _____ Date of Birth: _____

Address: _____

Child of Current Marriage _____ Child of your previous marriage _____

Child of your wife's previous marriage _____ Adopted _____

d. Name: _____ Date of Birth: _____

Address: _____

Child of Current Marriage _____ Child of your previous marriage _____

Child of your wife's previous marriage _____ Adopted _____

e. Name: _____ Date of Birth: _____

Address: _____

Child of Current Marriage _____ Child of your previous marriage _____

Child of your wife's previous marriage _____ Adopted _____

f. Name: _____ Date of Birth: _____

Address: _____

Child of Current Marriage _____ Child of your previous marriage _____

Child of your wife's previous marriage _____ Adopted _____

g. Name: _____ Date of Birth: _____

Address: _____

Child of Current Marriage _____ Child of your previous marriage _____

Child of your wife's previous marriage _____ Adopted _____

Section 3. Educational Background

1. Name of High School: _____

City and State: _____ Date of Graduation: _____

If you did not graduate, please explain: _____

2. For education beyond High School please list each school attended, the date of graduation and your degree/major.

a. School: _____ City/State: _____

Major: _____ Degree: _____ Date of Graduation: _____

b. School: _____ City/State: _____

Major: _____ Degree: _____ Date of Graduation: _____

c. School: _____ City/State: _____

Major: _____ Degree: _____ Date of Graduation: _____

3. If you are able to communicate in another language please indicate which language(s) and what your proficiency is (i.e. understand, speak, write, translate, etc.)

4. Please describe any other formal training or educational experiences you have had.

Institution/Organization	Dates	Material Studied or Skill Learned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 4. Employment and Military History

1. What is your occupation: _____

Your current employer: Name: _____

Address: _____

Person we may contact for reference: _____

Address: _____

2. Please list below your employment history for the last 15 years. Begin with your current employer. Include periods of unemployment.

<u>From</u>	<u>To</u>	<u>Job Title</u>	<u>Employer</u>	<u>City and State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Did you ever serve in the military? Yes _____ No _____

If yes; Still Active? _____ Retired? _____

If yes, What branch of the service? _____

Dates of Service; From _____ To _____

Highest Rank? _____

Type of discharge? _____

What was your job? Please describe: _____

Section 5. Legal and Financial Situation

1. Have you ever been arrested for other than minor traffic violations? Yes _____ No _____

If yes on what charges? _____

Date of arrest: _____ City _____ State _____

Age at time of arrest: _____ Disposition: _____

Indicate here any potential or pending legal actions involving you or your family:

2. Evaluate your financial situation; adequate or challenging. Describe in general terms you financial circumstances. Are you able to afford formation expenses which include the cost of books (estimated at \$300 per year) travel, babysitting, etc.

Section 6. Health Background

1. What is the general state of your health? Excellent ____ Good ____ Fair ____ Poor ____

If "Fair" or "Poor" please explain. _____

2. Do you have a chronic illness or any physical handicaps or restrictions? Yes ___-___ No _____

If yes, please describe. _____

3. Do you drink alcoholic beverages? Yes _____ No _____

If yes, characterize you drinking. Light _____ Moderate _____ Social _____ Heavy _____

4. Do you smoke? Yes _____ No _____ If yes, how much? _____

5. Do you use prescription drugs to control a medical condition? Yes _____ No _____

If yes specify condition. _____

6. Have you been hospitalized or have you been treated by a physician for a serious medical condition within the past ten years? Yes _____ No _____

If yes please explain _____

7. Have you ever received treatment, therapy, counseling, or hospitalization for:

- a. Psychological/emotional conditions Yes _____ No _____
- b. Stress or anxiety disorder Yes _____ No _____
- c. Psychiatric illness Yes _____ No _____
- d. Alcohol or drug dependency Yes _____ No _____

If yes to any of the above please explain the condition, the treatment, and the outcome:

8. Do you now or did you ever use illegal drugs? Yes _____ No _____

9. Have you had a complete physical within the past three years? Yes _____ No _____

10. Do you have any physical handicaps or restrictions? Yes _____ No _____

If yes please describe _____

Section 7. Religious Background/Practices

1. Do you participate in the weekly Sunday celebration of the Eucharist? Yes _____ No _____

2. During the time that you have been a Catholic have you ever been away from active and regular practice of your Catholic Faith? Yes _____ No _____

If yes, when and for how long _____

3. Have you ever been a member of a church or religious body other than the Roman Catholic Church? Yes _____ No _____

If yes please indicate the denomination, the dates you were a member and your level of involvement _____

4. Do you have a Spiritual Director? Yes _____ No _____

5. Have you ever been on a retreat (including cursillo, marriage encounter etc.)? Yes _____ No _____

If yes please describe and give the date of your last retreat _____

6. Other than Scripture, name three religious/theological/spiritual books you have enjoyed or benefited from in the past five years.

7. If you are married, do you pray regularly with you wife/family? Yes _____ No _____

If yes, in what way? _____

Section 8. Ministry/Volunteer Experience Survey

Please place a check mark in front of each ministry/activity that you have been involved in within the last ten years. Please complete any other information requested for all items you checked.

___ Altar Server. Number of years _____ Did you receive training? Yes ___ No ___

___ Lector. Number of years _____ Were you trained? Yes ___ No ___

___ Extraordinary Eucharistic Minister. Number of years _____ Were you trained? Yes ___ No ___

___ Usher/Assembly Minister. Number of Years _____ Were you trained? Yes ___ No ___

___ Music/Song Leader. Number of years _____ Did you receive training? Yes ___ No ___

___ Sacristan. Number of years _____ Did you receive training? Yes ___ No ___

___ Master of Ceremonies. Number of years _____ Did you receive training? Yes ___ No ___

___ Communion to the Sick. Number of years _____ Did you receive training? Yes ___ No ___

Check all that apply: Homebound _____ Hospital _____ Nursing/Retirement Home _____

___ RCIA. Number of years _____ Did you receive training? Yes ___ No ___

Were you a Leader? _____ Teacher? _____ Sponsor? _____ Volunteer? _____

___ CCD. Number of years _____ Did you receive training? Yes ___ No ___

Were you a Leader? _____ Teacher? _____ Volunteer? _____

___ Adult religious formation. Number of years _____ Did you receive training? Yes ___ No ___

Were you a Leader? _____ Teacher? _____ Volunteer? _____

___ Sacramental preparation. Number of years _____ Did you receive training? Yes ___ No ___

Were you a Leader? _____ Teacher? _____ Volunteer? _____

___ Ministry to the Homeless. Number of years _____ Did you receive training? Yes ___ No ___

Please describe Your ministry: _____

___ Prison Ministry. Number of years ___ Did you receive training? Yes ___ No ___

Please describe your ministry: _____

What neighborhood, civil, social or service organizations do you belong to? Please list below ministries/activities in the marketplace and/or the community with which you have been involved. Examples are Right to Life; Birthright; Justice Advocacy, Service to Youth/Schools; Ecumenism; Food Banks; Hospice; Habitat; Police/Fire; Providing Transportation; etc., etc., etc.

Name of activity: _____

Were you a Leader? ___ Volunteer? ___ Please describe your ministry: _____

Name of activity: _____

Were you a Leader? ___ Volunteer? ___ Please describe your ministry: _____

Name of activity: _____

Were you a Leader? ___ Volunteer? ___ Please describe your ministry: _____

Name of activity: _____

Were you a Leader? ___ Volunteer? ___ Please describe your ministry: _____

Section 9. Canonical Impediments

The impediments to Sacrament of Holy Orders are found in Canons 1041 and 1042 of the Code of Canon Law. The items listed below reflect impediments for the reception of Holy Orders. The information requested, along with other information in this application will be used to assist the Diaconate Formation Team in determining whether you may have incurred any of these impediments. Please reflect on each item to the best of your ability and discuss any clarifications required with the Director of Formation. Your discussion with the Director of Formation is STRICTLY CONFIDENTIAL except that the Director of Formation may consult with canonical counsel if required. Check the appropriate answer for each item.

1. Any form of mental or emotional difficulty, or any addiction (alcohol, other drugs, gambling, etc.) that would affect your ability to function properly as a minister of the Gospel.

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

2. Any treatment you are receiving (medical, counseling, group therapy, etc.) for any form of mental or emotional difficulty, or any addiction (alcohol, other drugs, gambling, etc.) that would affect your ability to function properly as a minister of the Gospel.

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

3. Rejection of an essential element of the Catholic faith. *(This is known as heresy, which is defined as “the obstinate denial or obstinate doubt after the reception of baptism of some truth which is to be believed by divine and Catholic faith.” It deals with the major truths of the Catholic Church, such as those elements of the faith that are contained in the Scriptures, the Creed, or that have been defined as belonging to the essence of our faith by the magisterium. The denial or doubt must also have been “obstinate,” which means that the person had to have full knowledge and intention that the things being rejected are essential elements of the Catholic faith [that is, the person has been told that what they propose is contrary to Catholic teaching, and defiantly holds the opinions despite that]. Finally, since it is a matter of ecclesiastical law, it would not apply if the action took place prior to a person becoming a Catholic.)*

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

4. Total rejection of the Christian faith. *(This is known as apostasy, which is defined as “the total repudiation of the Christian faith.” This is wider in scope than just a repudiation of the “Catholic faith,” since it means a total rejection of Christianity. It is also more than a mere doubt about the Christian faith, or a withdrawal from religious practices for a time. Like heresy, apostasy must be done with full knowledge and intention.)*

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

5. Association with a group that does not accept fully the leadership of the Holy Father, the teachings of the Church, or their communion with the rest of the Catholic Church. *(This is known as schism, which is defined as a refusal to remain in communion with the Pope and the other members of the Catholic community of faith. For example, the Society of St. Pius X is considered to be in schism with the Church, since its leaders reject in some manner the authority of the Pope, the local bishop, and the teachings of the Second Vatican Council.)*

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

6. The commission of a homicide.

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

7. Positively cooperating in the procurement of an abortion. This means knowingly and deliberately supporting the abortion. Participation that was not intended toward procuring the abortion or in which the attempt failed does not incur an impediment.

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

8. Attempted suicide.

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

9. Serious, intentional, and malicious physical injury of yourself or another person.

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

10. Performance of any actions which are reserved to those who are in holy orders (such as saying the words of consecration over bread and wine, saying the words of absolution, attempting to perform the sacrament of the anointing of the sick, etc.)

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

11. Disrespect or contempt for the sacred Eucharistic species (the bread or the wine) through some action.

_____ I need to clarify my understanding of this area with the Director of Formation.

_____ I understand the meaning of this area and it does not apply to me.

Section 10. Vocation/Discernment

1. Why do you want to become a deacon? _____

2. When did you first consider becoming a deacon? _____

3. How has your faith life supported your desire to be a deacon? _____

4. If you are married, have you discussed your interest in the vocation of deacon with your wife; children? Yes _____ No _____

If yes, please describe when you first began these discussions. What were their feelings?

5, At ordination to the diaconate, single men make a life-long commitment to celibacy. Married men make the commitment to embrace celibacy should their wife die. What is your understanding of the meaning of celibacy? Would you be able to undertake this commitment?

6. What kind of impact do you think one year of discernment and four years of formation will have on your family life, your work, and your current interests? Will you have the time to fulfill your commitment to deacon formation?

7. To aid in the process of discernment we ask that you read and reflect on the Scripture passages listed below. On a separate sheet type (or write legibly) a brief reflection (a paragraph or two) for each scripture passage based on the questions given. Please include these as part of your application. If you are married your wife will be asked to write a separate reflection (considering different questions) on these passages to be included with her “Wife’s Questionnaire”. You should share and discuss your reflections with each other.

a. 1 Samuel 3:1-10

Am I familiar enough with the Lord God to know His voice when I hear it? Is anyone else suggesting to me that God is calling me? Am I listening closely and at length to the Lord’s call, or am I telling Him what I want to hear?

b. Acts 6:1-6

The disciples asked the community to look for men acknowledged to be “filled with the Holy Spirit”; they did not look for “good workers” even though it was clear they would have to be workers in the community. Is the community calling me? Are such qualities recognized in me at home, in the work place, in my neighborhood and in my parish community?

c. 1 Corinthians 12:4-11, 27-28

What are my gifts and how can I use these gifts for the common good? To what degree do I see these gifts as gifts from God to be used for the good of all? Other than being a deacon, how is God calling me to use these gifts?

Section 11. Autobiography

Please submit a detailed autobiography. This autobiography should be between four and six pages long. Please type your autobiography. Please be as candid as possible. You may use this to expand on any of the information given in the above application but please include the following points.

1. Life with your family of origin:

- Describe your relationship with your parents and your brothers and sisters when you were growing up and today.
- What did you like most and what did you like least about your family life?
- What values were you given or did you take from your family of origin?

2. Your personal and significant life experiences.

- Describe the happiest times in your life and how you responded.
- Describe the most difficult time in your life and how you responded.
- Describe some of the significant successes and significant failures you have experienced.
- What do you perceive as your strengths; your gifts; your weaknesses; your limitations.

3. Your relationships with others.

- Describe your relationships with your spouse and children (if applicable). How are family conflicts resolved?
- Describe your relationships with your employer and your co-workers. How do you handle conflict in work situations?
- Describe your attitude toward women in the workplace. Do you have any reactions to their increased presence in the workplace or in places of responsibility in the Church.
- How do others in the Church perceive you?

4. Your spiritual journey.

- Describe any significant events in your faith journey.
- Have there been any significant changes in your relationship with the Church.
- Describe your personal spirituality and your experience of prayer.
- How did your faith journey lead to you sensing a call to the permanent diaconate?

Section 12. References

Please list the names and addresses of six persons who would be willing to write a letter of recommendation for you. We will not request references from all of those listed. We will select from the list those who have least “overlap” with other requests that we make for references. **Do not list your pastor, your children, your employer, your parents, or your brothers or sisters.**

1. Name: _____

Address: _____

City, Stat, Zip _____

2. Name: _____

Address: _____

City, Stat, Zip _____

3. Name: _____

Address: _____

City, Stat, Zip _____

4. Name: _____

Address: _____

City, Stat, Zip _____

5. Name: _____

Address: _____

City, Stat, Zip _____

6. Name: _____

Address: _____

City, Stat, Zip _____

Section 13. Release and Signature Form

Please read the following statements and sign the form below before returning this application to the Office of the Permanent Diaconate.

“I attest that all the information submitted to the Roman Catholic Diocese of Lexington contained in and pertinent to this application is true and complete to the best of my knowledge.

I recognize that information requested by the Roman Catholic Diocese of Lexington will be provided in confidence and will become the property of the Diocese of Lexington.

I understand that the decision for me to be accepted or not accepted for study in the formation program will be made at the discretion of the Bishop of the Roman Catholic Diocese of Lexington after consultation with the Director for Formation in the office of the Permanent Diaconate and others as the Bishop deems appropriate. Although the Diocese of Lexington may wish to report the reasoning behind any or all decisions regarding my acceptance or non-acceptance, there is no obligation on the part of the Diocese of Lexington to report to me the reasoning.

I hereby authorize the Director for Formation to release any and all necessary information to those who have been designated by the Bishop to participate in the selection and discernment process. ‘Any and all necessary information’ includes but is not limited to the following:

- This Application, including the Scripture Reflections and Autobiography.
- Copies of the documents asked for in the application.
- If married, your “Wife’s Questionnaire” including the Scripture Reflections.
- Physicians Report.
- The Psychological Testing Report.
- The results of the background check.
- Recommendation letters and forms from persons listed in the application including the pastor, employer, family members and persons listed as references.”

Applicants Signature _____ Date _____

Wife’s Signature (if married) _____ Date _____

Documents Checklist

The following documents and attachments must be included with this application:

1. An original Baptism Certificate issued within the past six months.
2. Confirmation Certificate if this is not noted on your Baptism Certificate.
3. Wedding Certificate (if married) if this is not noted on your Baptism Certificate. If you were married more than once this should be for your present marriage.
4. If you have obtained an annulment(s), include a copy of the annulment decree(s).
5. If your wife has obtained an annulment(s), include a copy of the annulment decree(s).
6. The three reflections required in Section 9, question 7.
7. Your autobiography as required in Section 10.
8. Completed forms required for background checks. These forms and instructions will be furnished to you along with the application.
9. If married, the completed “Wife’s Questionnaire” with its required attachments.

(The Formation Team for a particular class should place instructions here for submitting the completed application.)