



**THE EPISCOPAL  
DIOCESE OF  
NEW YORK**

**CANDIDATE'S APPLICATION TO BE RECOMMENDED  
FOR ORDINATION TO THE DIACONATE  
Canon III. 6.6 (1)**

***To the Bishop and Standing Committee of the Diocese of New York:***

The undersigned, a Candidate for Holy Orders in the Diocese of New York, respectfully applies to be recommended for ordination to the Diaconate, and submits letter of support and the certificates required by Canon.

Date of birth \_\_\_\_\_, 19\_\_\_\_\_

Date of admission as a Postulant \_\_\_\_\_, 20\_\_\_\_\_

Date of admission as a Candidate \_\_\_\_\_, 20\_\_\_\_\_

**Social Security Number (Please Print Clearly):** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

The Church Pension Group requires dioceses to provide a person's Social Security Number when reporting their ordination.

**Signature** \_\_\_\_\_

**Full Legal Name (Please Print Clearly)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Dated, New York** \_\_\_\_\_, 20\_\_\_\_\_

# Documentation log for applicants for ordination to the **DIACONATE**

Name of Applicant: \_\_\_\_\_, Sponsoring Parish: \_\_\_\_\_

## Documentation log for Candidates applying for Diaconate Ordination

*"X" means requirement has been satisfied*

<u>For Standing Committee Approval:</u>	<u>Title. Canon Section</u>
<input type="checkbox"/> Application for ordination with date of birth, date of Postulancy [DR], date of Candidacy [DR]	III. 6. 6 (b) (1) & 6. 6 (a) (1 & 2)
<input checked="" type="checkbox"/> Candidacy Certificate <b>[on file]</b> [Candidacy date: _____]	III. 6. 6 (b) (3)
<input type="checkbox"/> Parish Recommendation	III. 6. 6 (b) (2)
<input type="checkbox"/> Presbyter's certificate	Diocesan requirement
<input type="checkbox"/> Diaconal Formation Program transcript & recommendation for Ordination indicating competence in five general areas specified by Canon.	III. 6. 5. (f)

### Before Ordination:

<input type="checkbox"/> ** Ember Day Letters <b>[completed to date and on file]</b>	III. 6.3 (e) and 5(h)
<input type="checkbox"/> ** Background check update <b>[cost to Candidate \$120] (if required)*</b>	III.6.5 (j) (1)
<input type="checkbox"/> ** Medical check-up <b>[cost to Candidate physician fee] (if required)*</b>	III.6.5 (j) (2)
<input type="checkbox"/> ** Psychological check-up <b>[cost to Candidate \$300 - \$350] (if required)*</b>	III.6.5 (j) (2)
<input type="checkbox"/> Record of participation in EFM.	Diocesan requirement
<input type="checkbox"/> ** CPT evaluation	Diocesan requirement
<input type="checkbox"/> Sexual misconduct prevention training	III.6. 5 (g) (1)& (2)
<input type="checkbox"/> Training in the Constitution and Canons (particularly Title IV)	III. 6. 5 (g) (3)
<input type="checkbox"/> Training in the Church's teaching on racism	III. 6. 5 (g) (4)

### For internal use:

<input type="checkbox"/> Commission on Ministry recommendation	III. 6. 6 (b) (5)
<input type="checkbox"/> Bishop's certificate of recommendation to Standing Committee	III. 6. 6 (b) (1)
<input type="checkbox"/> Standing Committee testimonial approving ordination	III. 6. 6. (c)
<input type="checkbox"/> Declaration of Conformity (at time of ordination)	III. 6. 6 (d)
<input type="checkbox"/> Ordination date [ _____ ]	III. 6. 6 (d)

\* Required if 36 months will have elapsed between original evaluation or check and date of ordination.

\*\* Documents for The Bishop only.