



**THE EPISCOPAL  
DIOCESE OF  
NEW YORK**

**CANDIDATE'S APPLICATION TO BE RECOMMENDED  
FOR ORDINATION TO THE (TRANSITIONAL) DIACONATE**  
Canon III. 8.6 (c)(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 (transitional) 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)** \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

## Documentation log for Candidates applying for Transitional Diaconate Ordination

*"X" means requirement has been satisfied*

### For Standing Committee Approval:

		<u>Title. Canon Section</u>
<input type="checkbox"/>	Application for ordination TD	III. 8. 6 (c) (1)
<input checked="" type="checkbox"/>	Candidacy Certificate <b>[on file]</b> [Candidacy date: _____]	III. 8. 6 (c) (3)
<input type="checkbox"/>	Presbyter's certificate	Diocesan requirement
<input type="checkbox"/>	Parish recommendation for transitional diaconate	III. 8. 6 (c) (2)
<input type="checkbox"/>	Seminary transcript & recommendation for ordination	III. 8. 6 (c) (4)

### Before Ordination:

		<u>Title. Canon Section</u>
<input type="checkbox"/>	** Ember Day Letters <b>[completed to date and on file]</b>	III. 8.5 (i)
<input type="checkbox"/>	** Background check update <b>[cost to Candidate about \$20]</b> (if required)*	III.8.5 (k) (1)
<input type="checkbox"/>	** Medical check-up <b>[cost to Candidate is physician fee]</b> (if required)*	III.8.5 (k) (2)
<input type="checkbox"/>	** Psychological check-up <b>[cost to Candidate is psychiatrist fee]</b> (if required)*	III.8.5 (k) (2)
<input type="checkbox"/>	Signed memo regarding participation in Social Security System	Diocesan requirement
<input type="checkbox"/>	GOEs certified in _____ areas	III. 8.5 (g)
	<i>Diocesan evaluations (if necessary) in _____</i>	III. 8. 5. (g)
<input type="checkbox"/>	5 Semester courses in Scripture	III. 8.5 (g) (1)
<input type="checkbox"/>	Homiletics course taken	Diocesan requirement
<input type="checkbox"/>	** CPE evaluation	Diocesan requirement
<input type="checkbox"/>	Sexual misconduct prevention training	III.8.5 (h) (1) & (2)
<input type="checkbox"/>	Training in the Constitution and Canons (particularly Title IV)	III.8.5 (h) (3)
<input type="checkbox"/>	Training in the Church's teaching on racism taken on	III.8.5 (h) (4)

### For internal use:

<input type="checkbox"/>	Bishop's certificate of recommendation to Standing Committee	III.8.6 (c) (5)
<input type="checkbox"/>	Commission on Ministry statement	III.8.6 (c) (5)
<input type="checkbox"/>	Standing Committee testimonial approving ordination	III.8. 6 (d)
<input type="checkbox"/>	Declaration of Conformity (at time of ordination)	III.8. 6 (e)
<input type="checkbox"/>	Ordination date [_____]	III. 8. 6 (e)

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

\*\* Documents for The Bishop only.