OFFICE OF THE DIACONATE
ARCHDIOCESE OF CINCINNATI
100 EAST EIGHTH STREET
CINCINNATI, OH 45202-2193
(513) 421-3131

(This is not an application)

In order to more effectively provide you with information on the Diaconate, will you please fill in this form and return it to me as soon as possible.

NAME: _____ **DATE:** ___/___/___

ADDRESS: _____
Street City/State/Zip

HOME PHONE: (___)_____ **WORK PHONE:** (___)_____

MARITAL STATUS:
- ○ Single
- ○ Married

Wife's Name: _____
Children's Ages: _____

☐ **Baptized as Infant** **Parish:** _____

☐ **Convert** **City/State:** _____

Date: ___/___/___

PARISH WHERE REGISTERED:

_____

City: _____ **Zip:** _____

PASTOR: _____ **Phone:** (___)_____

HAVE YOU APPLIED TO DIACONATE BEFORE?

○ **Yes** ○ **No** **If Yes Where?** _____

HIGHEST LEVEL OF EDUCATION COMPLETED AND DEGREE AND MAJOR: _____

_____

LIST PASTORAL MINISTRIES IN WHICH YOU ARE PRESENTLY ENGAGED:

PARISH	**COMMUNITY/WORK PLACE**

Use back of this sheet for any additional information you feel we should have at this point.

SUBMIT