

NOMINATION ACCEPTANCE FORM

Ordination Process

*in the Diocese of Fond du Lac
the Episcopal Church in northeast Wisconsin*



This form fulfills requirements of Canon III.6.2(a) & Canon III.8.2(a) [2018]

When complete, return to:

*Bishop of Fond du Lac
1051 North Lynndale Drive, Suite 1B, Appleton, WI 54914*

I hereby accept the nomination for ordination to the (*circle one*) Priesthood | Diaconate,
made [date] _____ by [church] _____
Episcopal Church of the Diocese of Fond du Lac, in [city] _____,
Wisconsin, of which I am a confirmed adult communicant in good standing.

Full Name _____

Date of Birth _____ Length of time resident in the Diocese _____

Baptismal Date _____ Where _____

Confirmation Date _____ Where _____ or

Reception Date _____ Where _____

If you have any certificates or letters of certification, please provide copies.

Have you made application for postulancy or been nominated previously in this or any other diocese? Yes No

Have you completed the diocesan Circles of Light process of discernment for ordination? Yes No

If no, please include a written description on a separate page of the process of discernment by which you have been identified for ordination to the priesthood.

Level of education attained and, if any, degrees earned, and areas of specialization _____

Include a copy of official transcripts with this acceptance form or send at the earliest convenience. The process of nomination cannot be completed until these copies are received.

Marital Status _____ If currently married, does spouse support nomination? Yes Somewhat No

Spouse name and date of birth _____

Children's names and dates of birth _____
_____ No Children

If you were a member of another denomination or religious body before becoming an Episcopalian, which one(s)
_____ Lifelong Episcopalian

How long have you been a member of your current congregation? _____

List involvement in congregation and/or diocese? _____

Present occupation: _____

Present employer: _____

Describe your general spiritual discipline or rule of life: _____

Mailing Address _____

City, State ZIP _____

Best Phone (_____) _____ Email _____

Signature

Printed Name