

Please Print

OFFICE FOR THE DIACONATE
Inquirer's Information Form

Date: _____

Name: Last _____ First _____ Middle _____

Home Address: _____

City _____ State _____ Zip _____

Phones: Home _____ Work _____ Cell _____

Parish: _____

Email: _____ Date of Birth: _____

Marital Status: Single Married Divorced Other _____

If married, date of current marriage: _____

If you are single, are you open to embracing celibacy? Yes No

If you are divorced, has this marriage been annulled? Yes No

Ages of children: _____ Ages of Dependents at Home _____

Are you a U.S. citizen? Yes No In what country were you born? _____

How many years have you lived in the U.S.A? _____

How many years a baptized and confirmed Catholic: _____

Are you a practicing Catholic? _____

Are you active in your parish? _____

Highest level of education attained: _____

Are you in good health? _____

Are you currently employed? Yes No

Occupation: _____

Are you proficient at speaking and writing English? Yes No

Are you willing to undergo a complete battery of psychological tests? Yes No

Are you willing to have any annulment records reviewed as part of an application process? Yes No

Are you willing to undergo a criminal background check? Yes No

Check One:

I have previously submitted an application to the Deacon Formation Program.

I believe I am ready to apply for the Deacon Formation Program.

I am interested in learning more about the program, but not sure if I am ready to apply.

Please return this document to:

Archdiocese of Washington
Office for the Diaconate
P.O. Box 29260
Washington, DC 20017