

*Please Print*

**OFFICE FOR THE DIACONATE**  
**Inquirer's Information Form**

*This is not an Application Form*

Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Parish: \_\_\_\_\_ Location: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Other \_\_\_\_\_

If married, date of current marriage: \_\_\_\_\_ Wife's Name: \_\_\_\_\_

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

If you have ever been divorced, has that marriage been annulled? ☐ Yes ☐ No

Ages of children: \_\_\_\_\_ Ages of Children & Dependents at Home: \_\_\_\_\_

Are you a U.S. citizen? ☐ Yes ☐ No Or a permanent resident (green card holder)? ☐ Yes ☐ No

How long have you lived in the USA? \_\_\_\_\_ In what country were you born? \_\_\_\_\_

Were you baptized as a Catholic? ☐ Yes ☐ No Have you been confirmed as a Catholic? ☐ Yes ☐ No

At what age were you baptized, and where? \_\_\_\_\_

At what age were you confirmed, and where? \_\_\_\_\_

Are you a practicing Catholic? ☐ Yes ☐ No Are you active in your parish? ☐ Yes ☐ No

If so, in what ministries? ☐ Reader ☐ Extraordinary Minister of Holy Communion ☐ Sacristan ☐ RCIA

☐ Catholic School Faculty ☐ Sacramental Preparation ☐ Catechesis ☐ Choir or Musician: \_\_\_\_\_

In what service ministries have you participated? \_\_\_\_\_

Are you in good health? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Highest level of education attained: \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No Employer: \_\_\_\_\_

Occupation and duties: \_\_\_\_\_

Are you proficient at speaking and writing English? ☐ Yes ☐ No

Do you speak or write in other languages? \_\_\_\_\_

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

☐ I have previously submitted an inquiry or application for Deacon Formation. Where? \_\_\_\_\_

**Please Check One:**

☐ I believe I am ready to apply for the Deacon Formation Program. My wife agrees: ☐ Yes ☐ No

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

*Please return this document to:*

*Office of Diaconate Formation, Archdiocese of Washington, P.O. Box 29260 Washington, DC 20017-0260*