

Diocese of Palm Beach



Office of Permanent Diaconate Formation
P.O. Box 109650
Palm Beach Gardens, Florida 33410-9650
Phone (561) 775-9540
Fax (561) 775-9556

APPLICATION

For the Formation Program of the Permanent Diaconate

CONFIDENTIAL

“Candidates for the diaconate must be educated to love the truth, to be loyal, to respect every person, to have a sense of justice, to be true to their word, to be genuinely compassionate, to be men of integrity and especially to be balanced in judgment and behavior.

They are called to be men of communion and service with a capacity to relate to others. This requires that they be affable, hospitable, sincere in their words and heart, prudent and discreet, generous and ready to serve, capable of opening themselves to clear and brotherly relationships, and quick to understand, forgive and console.”

Basic Norms for the Formation of Permanent Deacons (Ch. IV. N66/67)

Revised March 2017

To the Applicant:

You are required to submit the following documents **with this application**. Place a checkmark next to the items you are including.

Sacramental **Place Check Mark Here**

Certificate of Baptism issued within the last six months _____
Write the date of your Baptism here _____
Name & Place of Church _____
Wife's Certificate of Baptism (if Catholic) issued within the last six months. _____
Certificate of First Holy Communion (if you have one) _____
Certificate of Confirmation _____
Write the date of your Confirmation here _____
Name & Place of Church _____
Church Marriage Certificate _____
Annulment Protocol Number & Diocese (if applicable) _____

Academic

Arrange for ***Official Copies*** of transcripts sent from the institution directly to our office. While you may provide photo-copies with the initial application, *official copies must be received by the office by May 15th* in order to enter the current academic year. Have you requested these? Yes ____ No ____
Write the date (s) you made the request here _____

Photographs

Two recent passport-size photos of yourself and your wife. Yes ____ No ____

Medical

Confidential Health Questionnaire will be provided to applicant at a later date.

PLEASE PAPERCLIP
TWO RECENT
PASSPORT –SIZE
PHOTOS HERE

(APPLICANT)

PLEASE PAPERCLIP
TWO RECENT
PASSPORT –SIZE
PHOTOS HERE

(SPOUSE)

Print Applicant Name

Spouse First & Maiden Name



Statement of Intention and Informed Consent

I, _____, hereby state my intention to apply for admission
(Please print First and Last Name)

to a program of formation to the order of Permanent Deacons, under the sponsorship of the Diocese of Palm Beach. The sponsoring pastor agrees to pay for all program costs including testing, retreats for the applicant and his wife and tuition for the applicant.

By my signature below, I give permission to the Office of Permanent Diaconate Formation and/or their delegates, to conduct whatever investigation is deemed necessary for the acceptance of my application. I understand and agree that any and all documents, medical records, letters, and other materials submitted in support of my application will be retained and used to evaluate my readiness to enter a program of diaconal formation. I further understand that these materials become property of the Diocese of Palm Beach by submission and will not be returned to me and used only for the stated purpose of determining my readiness to begin or continue in the formation process. **Furthermore, I recognize that there is no obligation on the part of the Diocese of Palm Beach or its agents to report to me or any other party, the reasoning behind any or all decisions regarding my acceptance or non-acceptance.**

I understand and agree that this information that follows will be shared by the Bishop of Palm Beach, the Formation Director of the Permanent Diaconate Formation Program, the members of the Committee on Admissions and Scrutinies as well as the Rector of St. Vincent dePaul Seminary, or his delegate, and my Pastor. I also understand and agree that this information can be shared with any other diocese, religious community, or seminary that I might apply, if I am not accepted or choose not to remain in the Permanent Diaconate Formation Program of the Diocese of Palm Beach.

Any misrepresentation of facts herein could result in my not being accepted, my being dismissed at anytime throughout the process, or even affect the validity of my ordination. To this end, I solemnly swear that I am providing the following answers in truthfully and without reservation.

Date _____

Applicant Name Printed

Pastor Name Printed

Applicant Signature

Pastor Signature

Please print all answers in black ink. Do **NOT** type.

Section I: General Information

1. Name: _____
(First) (Middle) (Last)
2. Current Address _____
(Number) (Street) (Apt)

(City) (State) (Zip)
3. Parish _____
4. How long have you lived at this address? _____
5. Your Personal Email Address _____
6. Please list Social Media Sites (for example: Facebook, LinkedIn) _____

7. Home Phone () _____ Cell () _____
8. Your age _____ Date of Birth _____
9. City of Birth _____ State & Country _____
10. Social Security # _____ Citizen of US? _____
Permanent Resident? _____
11. Have you ever been arrested? Yes _____ No _____ If yes, what were the charges?
_____ Place and date of arrest _____
Age at the time of arrest _____ Disposition? _____
12. Are you currently involved in any criminal or civil litigation? Yes _____ No _____
If yes, please attach details separately.
13. Were you born and raised a Catholic? _____
If no, state when and where you were received into the Catholic Church

14. Are you married? Yes _____ No _____ How long? _____
How many times have you been married (even civilly) . _____
If married more than once please provide (arch)diocese and protocol of annulment
A. _____
B. _____

- Are you a widower? _____ Spouse Name _____
Date of death? _____
Single? _____ Are you dating? _____
Do you plan to marry? _____ When? _____
15. Current Spouse _____
(First) (Maiden Name)
16. Spouse's Birth Religion _____ Spouse's date of Birth _____
17. Is Spouse a convert to Catholicism? _____ If yes, when and where was she received into the Catholic Church? _____
18. Spouse's Social Security # _____
19. Name of Church where you were married _____
20. Name of officiating priest /deacon _____
21. Has your spouse been married before? _____ Yes _____ No
If yes, name of former spouse _____
Is former spouse deceased? _____ Yes _____ No If yes, date of death _____
22. Has **she** received a civil divorce? _____ Yes _____ No Grounds: _____
23. Has **she** received a Church Annulment? _____ Yes _____ No If yes, please specify
Diocese _____ Date _____
Protocol # _____
24. Do you have children (biological or legal)? _____ Yes _____ No. If yes, how many _____ On the following lines please provide their names and ages

25. What is your current responsibility toward these children? _____
26. Do you have Grandchildren? _____ What is your responsibility toward them?

Section II. Canonical Status

27. Have you ever committed yourself or been committed to a psychiatric facility?
Yes_____ No_____
28. Have you ever publicly abandoned the Catholic Church or publicly advocated views contrary to its doctrine or teaching? Yes _____ No_____
29. Have you ever left the Catholic Church for a period of time to join another religious body? Yes_____ No_____
30. Have you professed religious vows privately or publicly? Yes_____ No_____
31. Have you been voluntarily involved with the taking of a human life?
Yes ____ No_____
32. Have you ever helped someone procure an abortion, performed an abortion, or positively cooperated in obtaining an abortion for another person?
Yes____ No_____
33. Have you ever attempted suicide? Yes_____ No_____ Self-mutilation?
Yes_____ No____ The mutilation of others? Yes_____ No_____
34. Have you ever impersonated a deacon, priest, or bishop? Yes _____ No_____
35. Have you ever been excommunicated? Yes_____ No_____
36. Are you in your original marriage? Yes_____ No_____
37. Were you ever married outside of the Catholic Church? Yes_____ No_____
38. Were you ever married in a civil ceremony, even while awaiting a decree of nullity from the Church, for example? Yes_____ No_____
39. Have you attempted marriage outside the Church either *while you were in an existing bond*, or with someone bound by a valid bond of marriage, or by a vow of chastity or sacred orders? Yes_____ No_____

With the exception of question # 36, if the answer to any other question is “yes” please contact us before continuing the application.

Section III. Religious Background

40. Name of your sponsoring parish _____
41. Are you registered in this parish? _____
42. How long have you been a member there? _____
43. Other parish communities and their locations, with which you have been involved in the past:
- _____
- _____
44. How often do you attend Mass? _____
45. How often do you receive the Sacrament of Reconciliation? _____
46. Do you have a regular confessor? _____ Spiritual Director? _____
47. Which spiritual activity or prayer form do you find most rewarding for yourself?
- _____
48. Describe the usual religious practices in your home, if any.
- _____
49. List the ministries within your parish with which you are currently involved (e.g. Mass server, extraordinary minister of Holy Communion, RCIA etc.) _____
- _____
50. List ministries you might be involved with beyond your parish (e.g. food programs, missionary activity, etc.) _____
- _____
51. Will you be comfortable in assisting with the religious formation of children in your parish and beyond if you are selected by the Committee? Yes ___ No ___
52. Will you be comfortable in taking an active role in the faith formation of Adults if you are selected by the committee? Yes ___ No ___
53. Will you be comfortable in assisting with programs for college aged students and young adults of your parish if you are selected by the Committee? Yes ___ No ___
54. Will you be comfortable visiting the sick in nursing homes and hospitals if you are selected by the Committee? Yes ___ No ___

55. What, if anything, are you willing to do to prepare for ministries such as these as a layman? _____

56. What can you do by way of ministerial assistance in your parish if you are *not* selected by the Committee? _____

57. Have you ever been away from the Catholic faith for a period of time?
Yes___ No___ If yes, how long? _____ What brought you back?

58. Do either of your parents belong to an Oriental (Eastern) Rite of the Church? (i.e. Byzantine, Maronite, Melkite, etc.) Yes_____ No_____
If yes, which parent and which Rite? _____

59. Has anyone in your immediate family received the Sacrament of Holy Orders?
Yes_____ No___ If yes, name, relationship and order

60. Briefly describe your daily prayer life _____

61. Have you ever been a candidate for the permanent diaconate in any other diocese?
Yes_____ No_____ If yes, which Diocese? _____

62. Did you leave on your own or were you asked to withdraw? _____

63. Have you ever been a Seminarian? Yes_____ No_____
If yes, which diocese? _____

64. Did you leave on your own or were you asked to withdraw? _____

65. Have you ever belonged to a religious order? Yes_____ No_____
If yes, which community? _____

66. Did you leave on your own or were you asked to withdraw? _____

67. Were you ever instituted as a candidate or in the ministry of lector or acolyte by another diocese? Yes_____ No___ If yes, please list.

Date

City/State

Instituting Bishop

Candidacy _____

Lector _____

Acolyte _____

68. Have you ever applied and *not* been accepted as a candidate by this or any other diocese? Yes___ No___ Name, if yes_____
69. Have you ever professed vows, promises or oaths in a religious institute?
Yes___ No___ If yes, what was the name of the community?

- Were they temporary or perpetual?_____ What is the status of those vows, promises, oaths now?_____
70. Have you ever been ordained to Holy Orders anywhere by anyone?
___Yes ___No If yes, provide details on a separate page.

Section IV. Educational Background

71. List in order the schools you have attended:
Primary Name_____ City/State_____
- _____
- Secondary Name_____ City/State_____
- _____
72. Graduation Date:_____ Approximate Grade Average_____
73. What subject(s) did you enjoy best? _____
Least?_____
- If you did not attend Catholic High School, please indicate the level of Religious Education that you completed_____. Where did you receive this instruction?_____
74. Colleges/Universities
- | Name | Location | Dates Attended | Major | Degree | GPA |
|-------|----------|----------------|-------|--------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
75. Do you have any learning disabilities? ___Yes ___No. If yes, explain

76. Foreign language ability? (specify those and whether you speak/read or write.)

77. What, if any, philosophy courses have you taken as an adult and where?

78. What, if any, theology courses have you taken as an adult and where?

79. What other skills or areas of education do you have special training or qualification? _____
80. What is the most recent book you have read? _____

Section V. Physical/Psychological/Medical Background

81. Height: _____ Weight: _____ How much is the most you have weighed? _____
Vision _____ Hearing _____
82. Name of Personal Physician _____
Phone _____
83. Physical disabilities or limitations: _____
84. Serious illnesses (age): _____
85. Serious accidents (age) _____
86. Surgery (age): _____
87. How many days of work did you miss last year due to illness? _____
88. Are you currently on medication? ___Yes ___No (List if yes.)

89. Have you ever used illegal drugs? ___Yes ___No. If yes, what? _____
When did you last use this? _____
90. Are you willing to submit to substance abuse screening during your formation period? Yes _____ No _____
91. Do you use tobacco? ___Yes ___No_____ What form and how often if yes?

92. Do you use alcohol? ___Yes ___No If yes, what and how often _____
93. Indicate any of the following which now or in the past have been of concern:
Insomnia___ Overweight___ Underweight___ Blood Pressure___ Nervousness___ Heart
Ailment___ Indigestion___ Diabetes___ Asthma___ Poor Appetite___ Headaches___
Tiredness___ Allergies___ Hyperactive___ Bulimia___ Anorexia___ Alcoholism___ Sexually
Transmitted Disease___ Hepatitis___ Epilepsy___ Tuberculosis___ HIV___ Other
(specify) _____
94. Is there a family history of mental illness, alcoholism, drug addiction or sexual abuse? ___Yes ___No. If yes, provide details

95. Have you ever had any kind of counseling therapy by a private counselor, ALANON, AA, GA, NA, etc.? ___Yes ___No. If yes, provide details and duration.

96. Have you ever been hospitalized or institutionalized for mental or psychological illness, including depression? ___Yes ___No If Yes, please give details.

Section VI. Family Background

97. Father's First & Last Name

98. His place of birth _____

City

State

Country

99. Father's religion _____

100. Father's occupation _____

101. His level of schooling _____

102. ___Living Age___? ___ Deceased. If deceased, date and cause of death

103. Mother's First and Maiden name

104. Her place of birth _____

City

State

Country

105. Mother's Religion _____

106. Her occupation _____

107. Her level of schooling _____

108. ___Living Age___ ___Deceased. If deceased, date and cause of death

109. Date of Parent's Marriage _____

110. Church & Location of Parents Marriage _____

111. Have/did your parents divorce? ___Yes ___No

If yes, did Father remarry? ___Yes ___No

If yes, Name of Current Spouse _____

Did Mother remarry? ___Yes ___No

If yes, name of current spouse _____

Section VII. Military Background *(if applicable)*

112. If you have served in the Armed Forces of the United States please complete the following or indicate N/A:

Service Number _____ Branch _____

Date of enlistment _____ Date of discharge _____ Rank at discharge _____ Type of discharge _____ Reserve status _____

Combat _____ What did you like about military service?

What did you most dislike?

Section VII. Employment Background

113. Who is your current employer? _____

Address: _____

Your Position _____

Supervisor's name and title _____

Job responsibilities

How long have you been there? _____

Previous Employer (if at your current position less than ten years)

Address _____

Reason for leaving _____

114. Have you ever been fired or pressured to resign from a job or volunteer position?

___ Yes ___ No Explain if yes _____

115. Has an internal work related, civil or criminal complaint ever been filed against you which alleged sexual misconduct, child abuse, or your facilitation of such activities? ___ Yes ___ No. Explain if yes _____

116. Do you presently, or have you in the past, served as a volunteer for any organization in which you had significant contact with children, the elderly, mentally or emotionally handicapped, or other vulnerable populations?
___Yes ___No. If yes, please list the agencies, address, phone number, your duration with them, Supervisor's name and your position. _____

117. Have you ever terminated employment or volunteer service, chosen not to renew your service, had your service or employment terminated, or been the subject of disciplinary action(s) for reasons relating to sexual allegations or sexual misconduct or child abuse? ___Yes ___No. Explain if yes. _____

118. What do you find most pleasant about your work? _____

Least? _____

119. List any professional organizations to which you belong. _____

Section IX. Financial Background

Please answer all questions

120. What is your monthly income? _____

121. Give an estimated value of your combined assets _____

122. What is the total of your monthly expenses? _____

123. What is the estimated total of your combined indebtedness? _____

124. Do you have relatives or other persons financially dependent on you?
 ___ Yes ___ No. Explain if yes _____
125. Do you have retirement income other than Social Security? ___ Yes ___ No
 If yes, please specify source and anticipated amount. _____

126. Are you currently in or have you ever declared bankruptcy? ___ Yes ___ No.
 If yes, please provide date(s) and brief details

127. Do you own you own home(s)? ___ Yes ___ No. How many? _____
 Location(s) _____

*While your Pastor will provide tuition costs, those accepted into the Formation Program are expected to be responsible for the cost of their own books, classroom materials, liturgical vestments, transportation, and various personal expenses. Do you anticipate that you will be able to cover such expenses? ___ Yes ___ No. If no, what other sources of financial assistance might be available to you?
 Family- Friends___ Loans___ Other___ (specify)_____*

Section X. Goals and Attitudes

128. When did you first consider becoming a deacon? _____
129. Who, beside yourself and God, would you say contributed most to this choice?

130. Is anyone in your immediate family NOT supportive of your entering the Permanent Diaconate? _____
131. What skills, talents and experiences do you have that might be beneficial to your ministry as a deacon? _____

132. What percentage of your ministry do you estimate will be spent on the Altar?

133. What, if any, other ministerial areas do you feel called to spend your time? _____
134. Presuming you are ordained, are you willing to serve the Church as a deacon within your parish *and* within the Diocese? ____Yes ___No. If you answered yes, how do you anticipate that you could serve the needs of the Diocese? (please try to be specific)
- _____
- _____
- _____
- _____
135. If you were not to become a deacon, what would you do within the Church
- _____
136. Give an honest appraisal of what “obedience” means to you.
- _____
137. What apprehensions do you have about entering the Formation Program?
- _____
- _____
- _____
138. What apprehensions do you have about becoming a deacon? _____
- _____
- _____
- _____
139. Complete the following sentences briefly:
- a. The bishop of the diocese _____
- _____
- b. I believe that my personal prayer life _____
- _____
- c. In the Church, women _____
- _____
- d. Lay people should _____
- _____

- e. The Second Vatican Council _____

- f. Priests should _____

- g. My parish _____

- h. My Pastor _____

- i. What the Church needs is _____

- j. I believe that Sacred Scripture _____

- k. The Eucharist _____

- l. Marriage _____

- m. The Sacraments are _____

- n. If I had the money, I would _____

- o. Ordination is _____

- p. The finest living example of a Christian is _____
because _____

Section XI. References

Please provide the name of four people *other than your pastor* who know you well and are willing to act as a reference for you. List your employers first. If you are self-employed, list a business associate partner, or other vendor with whom you deal professionally.

Employer/Associate Name

Address _____
City _____ State _____ Zip _____
Phone (Area Code and Number) _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (Area Code and Number) _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (Area Code and Number) _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (Area Code and Number) _____

Section XII.

A. Applicant

Attach a two page, one sided, double-spaced computer generated autobiography.

B. Spouse of Applicant

Please write in ink, in your own handwriting, the reasons you feel your husband would make a good deacon. You must also state your consent to his years of formation and ultimate ordination if he is selected.

Notwithstanding anything unsaid or implied in the above statement, I understand that signing this consent form constitutes my approval and consent to my husband being considered for admission to the Aspirancy and Formation Program for Permanent Deacons of the Diocese of Palm Beach. I also understand and consent to participate in events such as scheduled retreats and informational sessions as required.

Spouse Printed Name _____

Spouse Signature _____

Date _____