

*The Episcopal Diocese of Montana*

**Application to be Ordained to the Sacred Order of Deacons**

*To the Bishop of the Diocese of Montana:*

I, \_\_\_\_\_, hereby make application to be  
(Full Name)  
ordained a Deacon in Christ's holy catholic Church.

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In compliance with *Title III, Canon 6, section 3(i)*, I submit the following information:

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

Date of admission to Postulancy: \_\_\_\_\_

Date of admission to Candidacy: \_\_\_\_\_

+ + +

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

+ + +

Received in Diocesan Office: \_\_\_\_\_  
(Date)