

**Deacon Candidate
Inquiry Registration Form**

Name _____

Wife's First Name _____

Complete Address _____

City _____ State _____ Zip Code _____

Telephone (include area code) _____ Email _____

Best time to reach you by phone _____

Parish Name _____ Location _____

Pastor's Name _____

Name of other priest(s) assigned to your parish _____

Inquirers:

1. Do you meet the minimum requirements (as listed on the back of this form) to be considered for Deacon Formation?
 Yes *No* *I have some questions about the requirements.*
2. Have you discussed the possibility of the Deacon Formation Program with your wife? *Yes* *No*
3. Have you discussed your interest in the *Deacon Formation Program* with your pastor? *Yes* *No*
4. Do you have reason to believe that your pastor would recommend you for this program?
 Yes *No* *Don't know*
5. Have you ever applied to this or any other deacon formation program? *Yes* *No*
If "Yes", and you were accepted, explain why did you not continue:

If "Yes", and you were not accepted, give the reasons you were not accepted:

Please write, on a separate sheet of paper, a short paragraph describing your interest in the Deacon Formation Program, including questions and concerns you may have. Also, please explain, for questions 1 through 4 above, any answer that was not 'yes.' Please type.

Please return this and any other information that you wish to provide to your pastor who will submit all documentation to the Deacon Formation Program.