

NOMINEE'S INFORMATION FORM PERSONAL INFORMATION

Name _____
 Present Address _____
 City/State/Zip _____
 Phone _____
 Cell Phone _____
 Permanent Address _____
 (if different from above)
 Phone-Permanent Address _____
 E-mail Address _____

Gender Male Female

Birth Date ____/____/19____

Birthplace (City/State) _____

Communicant of _____

Length of Residency in Diocese _____

Date of Baptism _____

 Performed by _____

Date of Confirmation or Reception into the Episcopal Church _____

 Performed by _____

Have you previously applied for postulancy? If so, when and briefly describe resulting action.

MARRITAL STATUS

Current marital status (please circle)

| | | | | |
|--------|---------|-----------|----------|---------|
| Single | Married | Separated | Divorced | Widowed |
|--------|---------|-----------|----------|---------|

If married, spouse's name _____

If married, length of marriage _____

If previously married, length of marriage (s) _____

Write a brief evaluation of your spouse's feelings regarding your intent to enter the priesthood:

CHILDREN

| Name of Child | Birth Date | Gender |
|---------------|------------|--------|
| | | M F |
| | | M F |
| | | M F |
| | | M F |
| | | M F |
| | | M F |

PARENTS

| | | |
|---------------|------------|-----------------------|
| Father's Name | Occupation | Religious Affiliation |
| | | |
| Mother's Name | Occupation | Religious Affiliation |
| | | |

EDUCATIONAL INFORMATION

Are you currently enrolled in an educational institution? If so, please identify.

Name of School _____
 Address _____

Date of Diploma/GED ____/____/____

| College/University | Attended | | Type of Degree | Major |
|--------------------|----------|----|----------------|-------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List principal extra-curricular activities. Indicate whether in high school, college, or both by checking the appropriate box.

| Name of Activity | High School | College |
|------------------|-------------|---------|
| | | |
| | | |
| | | |
| | | |

Total years of education to date, beyond High School: (please circle) 1 2 3 4 5 6 7 8

WORK HISTORY

Dates of Employment From ___/___/____ To ___/___/____
Employer _____
Type of Work _____
What I Liked Least _____
What I Liked Best _____
Reason for Leaving _____

Dates of Employment From ___/___/____ To ___/___/____
Employer _____
Type of Work _____
What I Liked Least _____
What I Liked Best _____
Reason for Leaving _____

Dates of Employment From ___/___/____ To ___/___/____
Employer _____
Type of Work _____
What I Liked Least _____
What I Liked Best _____
Reason for Leaving _____

I declare that the information given here is full and true and wish to submit my application to enter the Ordination Process in the Episcopal Diocese of Milwaukee.

Date ___/___/____

Signature

Printed Name