



## Application for Holy Orders

*Use additional paper as needed*

Date \_\_\_\_\_

*Attach [or email] a current photo of the applicant and family, if applicable.*

### *Demographic Information*

Full Name of Aspirant \_\_\_\_\_

Name you wish to be called \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status       Single       Married       Widowed       Divorced

Spouse or Fiancé(e) Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_

How many previous marriages? Give specifics (dates, etc.)

\_\_\_\_\_

### Children

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Have you participated in any part of an ordination discernment process in another congregation, diocese, or denomination? If so, where? What was the result?

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Date of Baptism \_\_\_\_\_ Parish \_\_\_\_\_

Location \_\_\_\_\_

Date of Confirmation or Reception \_\_\_\_\_ Bishop \_\_\_\_\_

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

Present Parish \_\_\_\_\_

Length of time as confirmed member in good standing in present parish \_\_\_\_\_

Length of time resident in the Diocese of Pittsburgh \_\_\_\_\_

Parish-based Ministries – list parish, place, dates, and services, within parish or on its behalf

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### *Education*

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

College/University \_\_\_\_\_ Years Attended \_\_\_\_\_

Degree \_\_\_\_\_ Graduation Date \_\_\_\_\_

Graduate School \_\_\_\_\_ Years Attended \_\_\_\_\_

Degree Field \_\_\_\_\_

Other Training/Education (name of school or institution, dates attended, subject or areas)

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## Economic Situation

### Current Annual Earnings

Salary \$ \_\_\_\_\_

Spouse's Salary \$ \_\_\_\_\_

Benefits \$ \_\_\_\_\_

Spouse's Benefits \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Total Annual Earnings: \$ \_\_\_\_\_

### Liabilities

Mortgage \$ \_\_\_\_\_

Car Loans \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

Student Loans \$ \_\_\_\_\_

Other Loans (including family and personal loans) \$ \_\_\_\_\_

Total Liabilities: \$ \_\_\_\_\_

What is the nature of your present indebtedness? Please write a brief explanatory note.

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If you go to seminary or enter a non-stipendiary ministry (such as church planting), what financial arrangements have you made?

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If you are eventually ordained, do you hope to have a full-time parish salary, or do you have another means of financial support?

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## Recommended training/support

- I. All Personal Debt (Excluding Mortgage) 0 - \$5,000
  - a. Two-hour workshop required. "Dumping Debt" video to be shown, "Baby Steps" discussed, followed up by Q & A.
  - b. Financial Peace University 9-week class encouraged.
  - c. Develop a written financial plan.
  
- II. All Personal Debt (Excluding Mortgage) \$5001 - \$25,000
  - a. Financial Peace University Class is required after completion of course.
  - b. 90-day check-up with COM required after completion of course.
  - c. Develop a written financial plan.
  
- III. All Personal Debt (Excluding Mortgage) \$25,000+
  - a. Financial Peace University Class is required.
  - b. Meet with an approved Financial Coach within 30 days of completing the class.
  - c. 90-day check-up with COM required after completion of course.
  - d. Develop a written financial plan.

*For more information on developing a financial plan, or for a sample budget sheet and balance sheet, contact the Bishop's Office.*

## Employment History

Please attach a copy of your resume.

## Further Background Information

If you answer **YES** to any of the questions below, please explain on a separate page.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, ecclesiastical body, or educational or training institution? Have there been formal complaints against you that did not result in discipline? Are there complaints pending against you before any of the above-named bodies?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Have you ever been asked to resign or been terminated by a training program or employer?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Have you ever had a civil suit brought against you relative to your professional work, or is any such action pending? Have you ever had professional malpractice insurance suspended or revoked for any reason?  
Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you ever been charged with any ethics violations, or sexual harassment? Are any such actions pending against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are you now or have you ever had sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were/are seeing in any professional context (i.e., a parishioner, a client, a patient, an employee, a student)?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Since the age of 21, are you now or have you ever been engaged in sexual behavior (sexual intercourse of any kind, genital contact, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you now using or have you ever used, produced, sold, or distributed pornography?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Have you ever been charged, arrested, or convicted for any crimes or misdemeanors? Have you ever been charged with moving traffic violations? Has your driver's license ever been revoked or suspended?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? Have you ever had your parental rights restricted, suspended or terminated or have any of your children ever been in foster care?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Have you ever misappropriated funds or otherwise breached fiduciary duties in any professional capacity?

Yes \_\_\_\_\_ No \_\_\_\_\_

# STATEMENT OF THE APPLICANT

*Please read carefully before signing.*

All information submitted by me in this questionnaire is true to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of acceptance for postulancy or cause for dismissal from postulancy or the ministry.

I understand and agree that I will notify the Commission on Ministry of any changes in the status of my licensure, censure, or sanction by professional bodies and of any other information relating to my ability to act as a member of the ordained ministry.

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Name (please type or print)

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Signature

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Date

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Witness Signature

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Date

*Please submit this form, along with a **resume** and a **current photo** of the applicant, to the Bishop's office.*