



*Application for Ministry in  
The Sacred Order of the Diaconate*

Diocese of Shreveport  
3500 Fairfield Avenue  
Shreveport, Louisiana 71104



# GENERAL PERSONAL INFORMATION

Date \_\_\_\_\_

(Please type or print)

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Office \_\_\_\_\_

Social Security Number \_\_\_ - \_\_\_ - \_\_\_\_\_ (City, State)

Present Diocese \_\_\_\_\_ Present Church Parish \_\_\_\_\_

Date of Birth \_\_\_\_\_ City/ST of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church/City of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ Church/City of Confirmation \_\_\_\_\_

Are you a convert? Yes  No

If yes, date when you entered the Catholic Church? \_\_\_\_\_

Church Parish \_\_\_\_\_ City, St Zip \_\_\_\_\_

What was your previous religion? \_\_\_\_\_

Were you baptized in that particular religion? No  If yes, the date \_\_\_\_\_

How long have you been thinking about a vocation to the diaconate? \_\_\_\_\_

If you have registered for Selective Service, please give the following information:

Selective Service Number \_\_\_\_\_ Classification \_\_\_\_\_

Local Board Number \_\_\_\_\_ Address \_\_\_\_\_

If you have ever served in the Armed Forces, please fill in the following information:

branch of service \_\_\_\_\_ date of enlistment \_\_\_\_\_

date of discharge \_\_\_\_\_ rank at discharge \_\_\_\_\_

type of discharge \_\_\_\_\_ reserve status \_\_\_\_\_

## FAMILY BACKGROUND

**MARITAL STATUS:** (Check appropriate box): Single

Married  Date of Marriage \_\_\_\_\_ Wife's Occupation \_\_\_\_\_

Parish Where Married \_\_\_\_\_ City, State \_\_\_\_\_

Separated  Divorced  (Date) \_\_\_\_\_

Widowed

**WIFE'S NAME** \_\_\_\_\_  
FIRST MIDDLE (MAIDEN) MARRIED

Declaration of Nullity Yes  No  Protocol No. \_\_\_\_\_

Copy of Marriage License attached  Copy of Church Marriage Certificate attached

How does your wife feel about your choice of vocation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is she in agreement with you in this vocation? Yes  No

Will she participate with you in the Formation? Yes  No

What is the general attitude of the other members of your family regarding your vocation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN:**

(List additional names on back)

Name	Age	
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>

**FATHER'S NAME** \_\_\_\_\_ Deceased

FIRST                      MIDDLE                      LAST

**MOTHER'S NAME** \_\_\_\_\_ Deceased

FIRST                      MIDDLE                      MAIDEN                      LAST

**MARITAL STATUS OF PARENTS:** Married  Separated   
(How Long) \_\_\_\_\_

Divorced  (Date) \_\_\_\_\_

Present Address \_\_\_\_\_ City, ST Zip \_\_\_\_\_

Date of Parents' Marriage \_\_\_\_\_ City, State \_\_\_\_\_

Does either parent belong to any Oriental Rite of the Church? Father  Mother

If remarried, mother's spouse's name \_\_\_\_\_  
FIRST                      MIDDLE                      MARRIED

If remarried, father's spouse's name \_\_\_\_\_  
FIRST                      MIDDLE                      (MAIDEN)                      MARRIED

Please list, in chronological order, your brothers and sisters, including any who may have died, and their ages: (List additional names on back)

Name	Age	
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>
_____	_____	Deceased <input type="checkbox"/>

Do you have any relatives who are/were in the priesthood, diaconate or religious life?

(Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATIONAL BACKGROUND

List all High Schools and Colleges attended. Please have complete official transcript sent directly to the Vocations Office.

#### SECONDARY EDUCATION (GRADES 9-12):

Name of School	City, State	Year(s) Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### COLLEGE AND GRADUATE STUDIES *(Please indicate if seminary)*

COLLEGE AND GRADUATE STUDIES <i>(Please indicate if seminary)</i>	Dates Attended:	Major	Degree/Year (If any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grade average in high school \_\_\_\_\_ G.P.A. In college \_\_\_\_\_ G.P.A. Scale: \_\_\_\_\_

What philosophy courses have you had? \_\_\_\_\_  
\_\_\_\_\_

In what skills or areas of education do you have special training or qualifications?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been dismissed or expelled from any school or college? Yes  No

If yes, give full explanation: \_\_\_\_\_

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**MINISTRY BACKGROUND-APPLICANT**

List the ministries in which you have served the Church.

<b>Church Parish, City, ST</b>	<b>Ministry</b>	<b>Dates</b>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**MINISTRY BACKGROUND-WIFE**

List the ministries in which you have served the Church.

<b>Church Parish, City, ST</b>	<b>Ministry</b>	<b>Dates</b>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>

### CIVIC INVOLVEMENT

Organizations, Associations in which you hold or have held membership.

Name	Dates of Membership
_____	_____
Purpose of Organization _____	_____
_____	_____
Purpose of Organization _____	_____
_____	_____
Purpose of Organization _____	_____
_____	_____
Purpose of Organization _____	_____

### EMPLOYMENT BACKGROUND

List all previous employment experiences, beginning with the most recent experience.

Employer	Address / City, ST	Dates of Employment
_____	_____	_____
Type of work: _____	_____	TO _____
_____	_____	_____
Type of work: _____	_____	TO _____

\_\_\_\_\_  
Type of work: \_\_\_\_\_ TO \_\_\_\_\_

Type of work: \_\_\_\_\_ TO \_\_\_\_\_

Type of work: \_\_\_\_\_ TO \_\_\_\_\_

## **VOCATION BACKGROUND**

Have you ever applied for acceptance in any diocese or religious community?

If so, where? \_\_\_\_\_ When? \_\_\_\_\_ Elaborate: \_\_\_\_\_

\_\_\_\_\_  
Name of Bishop or Religious Superior \_\_\_\_\_

Have you ever been accepted as a student for any diocese or religious order?

If so, give name: \_\_\_\_\_ When? \_\_\_\_\_ Elaborate: \_\_\_\_\_

\_\_\_\_\_  
Name of Bishop / Religious Superior / Seminary Rector \_\_\_\_\_

Have you received any of the formal ministries of the Church? \_\_\_\_\_

Specify: \_\_\_\_\_

**Release of Confidential Information  
And  
Permission for Consultations**

I, the undersigned, hereby grant the Most Reverend Bishop and Director(s) of Church Vocations of the Diocese of Shreveport full access to any and all confidential information concerning me, and I further grant him (them) permission to consult with anyone whom he (they) choose(s), in a confidential manner, concerning that information and information that I give him (them) directly. I grant this permission and understand that he (they) will not consult anyone or divulge information against my wishes. I also understand that this, in no way, jeopardizes the seal of the Sacrament of Penance.

I, the undersigned, further agree to undergo psychological evaluation and counseling when requested by the agents of the Diocese.

To the best of my knowledge, the statements I have made and the questions I have answered above are true and correct.

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**Applicant's Printed Name**

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**Date**

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**Applicant's Signature**

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**Date**

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**Applicant's Social Security Number**

Diocese of Shreveport

## OFFICE OF DIACONATE

### *Documents Needed for the Files of the Office of Church Vocations*

1. Baptismal Certificate (current)
2. Confirmation Certificate (current)
3. Civil Marriage License
4. Church Marriage Certificate
5. From the **CHURCH** of your parents' marriage, their ecclesiastical Certificate of Marriage (Not the State Certificate)
6. Your Decree of Divorce (if applicable)
7. Your Decree of Ecclesiastical Annulment (if applicable)
8. Report of Medical History and Physical Examination by Physician, including HIV and drug screening tests.
9. Psychological Examination (taken care of by this Office)
10. Criminal Background Check, Credit Check and Motor Vehicle Check (taken care of by this Office)
11. High School and College Transcripts
12. Application Form
13. Letter of Consent from Spouse
14. Two (2) Letters of Recommendation
15. Please write a two- to five-hundred-word autobiography, giving any details which you think important.
16. On another sheet(s), write a short essay about the Ministry of Deacons as you see such a vocation – (e.g., where the idea for this vocation originated, what you think the life is all about, what you can do as a part of it, etc.), your life story particularly from the viewpoint of personal relationships and Church involvement.
17. Please list five (5) men or women who have known you at least three (3) years who can witness to your suitability for the ordained Diaconate. Included in the five should be the name of your Pastor and/or a Religious or Priest that you wish to list as a reference and your former employer.

**NAMES**

**ADDRESS**

**CITY, ST, ZIP CODE**
