

The Episcopal Diocese of Alaska
1205 Denali Way
Fairbanks, AK 99701
1-907-452-3040

Application for Holy Orders Form A - 19

(This form is to be completed once a congregation or community of faith has nominated a person for Holy Orders, and should be accompanied by a letter of acceptance from the applicant.)

To: The Bishop

Name: _____ Date of Birth _____

Place of Birth _____

Address _____

City/State/Zip _____

Telephones (including area code): _____ (h)

_____ (c)

_____ (w)

Email: _____

What is the best way to contact you? _____

Congregation _____

Priest: _____

Former denomination (if applicable) _____

Date of Baptism: _____ Denomination _____

Baptized by: _____

(Please attach copy of certificate)

Date of confirmation/reception into the Episcopal Church _____

Place of confirmation/reception _____

(Please attach copy of certificate)

How long have you lived in the Episcopal Diocese of Alaska? _____

Education History:

High School: _____ Graduation date _____

College: _____ Graduation date _____

Major: _____ Degree _____

Graduate work _____ Degree(s) _____

Date(s) _____

** Please attach transcripts of your most recent degree with this form.

Are you a previous applicant for Postulancy? ___No ___Yes. If yes please give details:

Are you ordained in another denomination? ___No ___Yes. If yes, please give details including years of service:

Please provide the following:

- A description of the process of discernment by which you have been identified for formation.
- A letter of support from your congregation or other community of faith, including a statement committing the congregation or other community of faith to involve itself in your preparation for the possibility of ordination to the diaconate/ priesthood (circle one). If the letter is from a congregation, the letter shall be signed and dated by a two-thirds majority of the Vestry/ Bishop’s Committee, and the member of the Clergy or leader exercising oversight. This letter must be signed and dated at a meeting duly convened, and attested by the Clerk of the Vestry/Bishop’s Committee.
- A letter accepting your nomination.

Date of Application: _____

Date Application received by the Bishop: _____

RECOMMENDATION FOR POSTULANCY FORM B-19 Page | 1

The Episcopal Diocese of Alaska
1205 Denali Way
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907-452-3040

Recommendation for Postulancy

To: The Bishop

Name of Congregation _____

Date of meeting: _____ Place _____

We (minimum of two-thirds majority of the Vestry/ Church Committee, and Priest), whose names are hereunder written, testify to the best of our belief and personal knowledge that

_____ has been duly discerned by a committee of this
(name of person)

congregation as a person with gifts which may, with suitable formation, be such as are sought for the Ordained leadership of the church; and that she/he is a communicant of this Parish in good standing for a minimum period of a year.

We do also recommend further discernment of the applicant for Holy Orders by the Diocese, and admission as a Postulant for Holy Orders. We base our decision on the attached documentation and recommendation of the congregation discernment committee.

Furthermore, we commit to remain involved with such preparation as deemed necessary to

_____ in formation and preparation for ordination,
(name of person)

and we pledge to contribute financial support for this ordination.

Church Committee/

Vestry

Signed:

Priest: _____ Print name _____

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/ Church Committee of

_____ Church,

in _____

duly convened at _____ am/pm on the _____ day of _____, _____, and that the names attached are those of all (or a two-thirds majority of all) the members of the Vestry/ Church Committee.

Signed: _____

(Clerk/Secretary)

RECOMMENDATION FOR CANDIDACY FORM C-19 Page | 1

The Episcopal Diocese of Alaska
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907-452-3040

Recommendation for Candidacy

To: The Bishop

Name of Congregation: _____

Date of meeting: _____ Place: _____

We (minimum of two-thirds majority of the Vestry/ Church Committee, and Priest), whose names are hereunder written, support the Candidacy of

_____, to the Holy Order of _____ .
(name of person) (Deacons or Priests)

Church Committee/
Vestry

Signed: _____

Priest: _____ Print name _____

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/ Church Committee of

_____ Parish/ Congregation, in

duly convened at _____ am/pm on the _____ day of _____, _____, and that the names attached are those of all (or a two-thirds majority of all) the members of the Vestry/ Church Committee.

Signed: _____

(Clerk/Secretary)

RECOMMENDATION FOR ORDINATION FORM D-19 Page | 1

The Episcopal Diocese of Alaska
1205 Denali Way
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907-452-3040

Recommendation for Ordination

To: The Bishop

Name of Congregation: _____

Date of meeting: _____ Place: _____

We (minimum of two-thirds majority of the Vestry/ Church Committee, and Priest), whose names are hereunder written, support the ordination of

_____, to the Holy Order of _____ ,
(name of person) (Deacon or Priest)

who was admitted to postulancy on _____ , and was admitted to candidacy on _____ .
(date) (date)

And, if application is for ordination as priest, was ordained as a deacon on _____ .
(date)

Signed,
Committee/
Vestry:

Priest: _____ Print name _____

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/ Church Committee of

_____ Parish, _____

duly convened at _____ am/pm on the _____ day of _____, _____, and that the names attached are those of all (or a two-thirds majority of all) the members of the Vestry/ Church committee.

Signed: _____

(Clerk/Secretary)