



## APPLICATION FOR POSTULANCY Episcopal Diocese of Alaska

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

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

To: The Bishop

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Address \_\_\_\_\_

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 (approximate if necessary) \_\_\_\_\_ Denomination \_\_\_\_\_

Baptized by: \_\_\_\_\_

*(Please attach copy of certificate, if available)*

Date of confirmation/reception into the Episcopal Church \_\_\_\_\_

Place of confirmation/reception \_\_\_\_\_

*(Please attach copy of certificate, if available)*

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 accepting your nomination.

Date of Application \_\_\_\_\_

Date Application received by the Bishop \_\_\_\_\_