

**Application Materials  
for Acceptance  
as a Deacon Aspirant  
for the  
Diocese of  
Owensboro, Kentucky**



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wallet-sized  
photographs here*

## APPLICATION

*Please type or print clearly all information*

Date: \_\_\_\_\_

## GENERAL INFORMATION

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

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

How long have you lived

At the above address: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Present Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed

# FAMILY BACKGROUND

## Applicant

Are you a:

Baptized Catholic?       Convert to Catholicism?       Confirmed?

In what parish, city, and state were you baptized? \_\_\_\_\_

If a convert, how long have you been a Catholic? \_\_\_\_\_

Present Parish \_\_\_\_\_ Years at parish \_\_\_\_\_

Number of years residing in the Diocese of Owensboro \_\_\_\_\_

Have you or either of your parents ever belonged to an Eastern Rite of the Church?  
(i.e. Byzantine, Melkite, Maronite)?      Applicant \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Name (relationship) / Address / Phone of person to be notified in case of emergency:

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

Do you have any near relation in the priesthood, diaconate, or religious life?

Yes       No      If yes, specify \_\_\_\_\_

## Wife

Full Maiden Name \_\_\_\_\_

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

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

Is she a:

Baptized Catholic?       Convert to Catholicism?       Confirmed?

If a convert, how long has she been a Catholic? \_\_\_\_\_

Present Parish \_\_\_\_\_ Years at parish \_\_\_\_\_

Number of years residing in the Diocese of Owensboro \_\_\_\_\_

My wife feels good about my becoming a deacon (please check one response):

Strongly agree       Agree       Disagree       Strongly Disagree

## **Marriage**

Date of Present Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Was this a Catholic Ceremony?  Yes       No

If no, explain \_\_\_\_\_

If no, has this marriage been convaladated?  Yes       No

Have you, as a couple, ever experienced marriage counseling?  Yes       No

If yes, explain \_\_\_\_\_

How do you evaluate your marriage at this time? \_\_\_\_\_

\_\_\_\_\_

Have you or your wife ever lived in any other previous marriage?  Yes       No

If yes, please answer the following:

To whom? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_ Before whom (J.P., priest, etc) \_\_\_\_\_

Is your former spouse deceased?  Yes       No      If yes, date of death: \_\_\_\_\_

Have you received a civil divorce?  Yes       No      Grounds: \_\_\_\_\_

Have you received a church annulment?  Yes       No      If so, please specify:

Diocese \_\_\_\_\_ Date of annulment \_\_\_\_\_ Protocol # \_\_\_\_\_

Do you have any children from this marriage?  Yes       No

If yes, how many and what ages? \_\_\_\_\_

# Children

Please list:

(Name)

Date of Birth

Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach sheet if more space is required)

How many of your children are still living at home? \_\_\_\_\_

My children feel good about my becoming a deacon (please check one response)

\_\_\_ Strongly agree      \_\_\_ Agree      \_\_\_ Disagree      \_\_\_ Strongly Disagree

## **PERSONAL DATA**

How much free time do you have apart from work and how do you spend it?

(Include hobbies and interests) \_\_\_\_\_

- What types of books do you like to read? \_\_\_\_\_  
\_\_\_\_\_
- Give two or three titles you have recently read: \_\_\_\_\_  
\_\_\_\_\_
- What periodicals do you read regularly? \_\_\_\_\_  
\_\_\_\_\_

What neighborhood / civil / social or service organizations do you belong to? \_\_\_\_\_  
\_\_\_\_\_

Have you exercised any type of leadership in any of your free-time activities?

\_\_\_ Yes      \_\_\_ No      If yes, describe \_\_\_\_\_  
\_\_\_\_\_

## PHYSICAL HEALTH BACKGROUND

Do you have a personal physician?  Yes  No

If yes: Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Date of your last physical examination: \_\_\_\_\_

How many days of work did you miss late year due to illness? \_\_\_\_\_

Do you smoke or chew tobacco?  Yes  No If so, how much? \_\_\_\_\_

Do you drink alcoholic beverages?  Yes  No

If yes, what do you generally drink? \_\_\_\_\_

How do you classify your drinking?  None  Light  Moderate  Heavy

Do you take prescription drugs?  Yes  No

If yes, please list \_\_\_\_\_

Do you use other drugs?  Yes  No If yes, explain \_\_\_\_\_

Have you ever been chemically dependent?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been in a treatment program for abuse of any kind?  Yes  No

If yes, list where and when \_\_\_\_\_

\_\_\_\_\_

If there is any history of mental illness in your immediate family (parents, siblings, children), please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there is any history of substance abuse in your immediate family, please give details:

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Have you had any kind of counseling? \_\_\_ Yes \_\_\_ No

If yes, please give details and diagnosis: \_\_\_\_\_

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Do you exercise? \_\_\_ Yes \_\_\_ No

If yes, how and how often? \_\_\_\_\_

Do you currently have medical (health) insurance? \_\_\_ Yes \_\_\_ No

If yes, please provide:

Name of Company \_\_\_\_\_

Type of Coverage \_\_\_\_\_

Who is financially responsible for the premium today? \_\_\_\_\_

How long will this be available to you? \_\_\_\_\_

Please note:

Applicant must also submit completed confidential health form, including physician's report.

# EDUCATIONAL BACKGROUND

List in order the schools you have attended:

**Primary:**

<i>Name</i>	<i>City, State</i>	<i>Dates</i>
_____	_____	_____
_____	_____	_____

**Secondary (High Schools):**

<i>Name</i>	<i>City, State</i>	<i>Dates</i>
_____	_____	_____
_____	_____	_____

Date of Graduation: \_\_\_\_\_ Grade Average (GPA) \_\_\_\_\_

Vocational, Business, Trade Schools:

\_\_\_\_\_

If you did not attend Catholic Schools, please indicate the extent of your religious education (e.g., Parish, PSR – Religious Education or School of Religion) \_\_\_\_\_

\_\_\_\_\_

List in order the colleges / universities / seminaries you have attended:

<i>School</i>	<i>Location</i>	<i>Dates Attended</i>	<i>Major</i>	<i>Degree</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Approximate GPA in College: \_\_\_\_\_



Which high school / college studies did you like best? \_\_\_\_\_

Least? \_\_\_\_\_

Did you fail any courses? If yes, specify \_\_\_\_\_

Which was the last class or grade you successfully completed? \_\_\_\_\_

How long has it been since you were involved in a formal education program? \_\_\_\_\_

List any extracurricular activities or organizations you are / were involved in:

<i>Name of Group</i>	<i>Type of Activity</i>	<i>Your Position</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you involved in the Newman Center at college? \_\_\_\_\_

Honors and awards \_\_\_\_\_

Indicate your ability to:

*Speak Spanish:*    \_\_\_None    \_\_\_Little    \_\_\_Moderate    \_\_\_Proficient

*Read Spanish:*    \_\_\_None    \_\_\_Little    \_\_\_Moderate    \_\_\_Proficient

*Write Spanish:*    \_\_\_None    \_\_\_Little    \_\_\_Moderate    \_\_\_Proficient

*Understand Spanish:* \_\_\_None    \_\_\_Little    \_\_\_Moderate    \_\_\_Proficient

*Sign Language:*    \_\_\_None    \_\_\_Little    \_\_\_Moderate    \_\_\_Proficient

Other foreign languages (specify language, years of study, current ability): \_\_\_\_\_

For non-native speakers of English, how many years of English have you studied? \_\_\_\_\_

Have you participated in a lay ministry or diaconate formation program? Indicate which program(s) and year(s) of completion:

\_\_\_\_\_

\_\_\_\_\_

In which skills or areas of education do you have special training qualifications? \_\_\_\_\_

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Have you ever been dismissed or voluntarily withdrawn from any school or any ministerial program?    Yes         No

If so, explain: \_\_\_\_\_

# RELIGIOUS BACKGROUND

Your Parish / Church community \_\_\_\_\_

\_\_\_\_\_

<i>Address</i>	<i>City, State</i>	<i>Zip</i>
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Other Parishes / communities in which you have been involved since high school: \_\_\_\_\_

\_\_\_\_\_

## **Faith Life:**

How often do you attend Mass? \_\_\_\_\_

How often do you receive the Sacrament of Reconciliation? \_\_\_\_\_

Do you have a regular confessor?    \_\_\_ Yes        \_\_\_ No

Do you have a spiritual director?    \_\_\_ Yes        \_\_\_ No

What spiritual activity or prayer form is most rewarding for you? \_\_\_\_\_

Have you ever been away from the Church for a period of time?    \_\_\_ Yes        \_\_\_ No

If so, how long? When did you return? \_\_\_\_\_

Have you ever belonged to a church or religious body other than the Catholic Church?

\_\_\_ Yes        \_\_\_ No

If so, what denomination? \_\_\_\_\_

Date and entry into Catholic Church \_\_\_\_\_

Brought into Church through RCIA? \_\_\_ Yes        \_\_\_ No In what year? \_\_\_\_\_

Indicate the usual religious practices in your home: \_\_\_\_\_

\_\_\_\_\_

List the ways you have been involved in your church community (e.g. Mass server, choir,

Lector, Eucharistic Minister, Youth Minister, etc): \_\_\_\_\_

\_\_\_\_\_

List the diocese(s) in which you have resided for six months or longer since high school (include residence at a school / college / seminary outside your home diocese):

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Have you ever applied for the diaconate for this or any other diocese? \_\_\_Yes \_\_\_No

Were you accepted into the program? \_\_\_Yes \_\_\_No If no, explain \_\_\_\_\_

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Have you ever been accepted as a candidate for any other diocese, religious community, or secular institute(s)? \_\_\_Yes \_\_\_No

If yes, please list diocese(s), religious community or communities, and secular institute(s).

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<i>Name of diocese, community, etc.</i>	<i>Dates</i>	<i>Level at time of leaving</i>
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Did you leave of your own accord or were you asked to leave? \_\_\_\_\_

Why? \_\_\_\_\_

While sponsored by another diocese or religious community, were you installed in the ministry of lector (reader), minister of acolyte or receive candidacy? \_\_\_Yes \_\_\_No

If yes, please list:

<i>Date</i>	<i>City / State</i>	<i>Instituting Bishop</i>
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Candidacy \_\_\_\_\_

Ministry of Reader \_\_\_\_\_

Ministry of Acolyte \_\_\_\_\_

Have you ever applied to and not been accepted as a candidate by any other diocese or religious community? \_\_\_Yes \_\_\_No

If yes, please list diocese(s) and/or religious community or communities:

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Have you ever bound yourself by oaths, vows, or promises in a religious organization?

Yes       No      If yes, specify organization \_\_\_\_\_

Date: \_\_\_\_\_ Were they temporary or perpetual? \_\_\_\_\_

What is the present status of those oaths, vows, or promises? \_\_\_\_\_

## VOCATIONAL GOALS AND ATTITUDES

How long have you been considering becoming a deacon? \_\_\_\_\_

Who, besides yourself, contributed most to the choice of this vocation? \_\_\_\_\_

\_\_\_\_\_

Does your spouse and family approve of your studying for the diaconate? \_\_\_\_\_

What skills, aptitudes and experiences do you have which may be valuable in your ministry as a deacon? \_\_\_\_\_

\_\_\_\_\_

What motivated you to apply to study for the Diocese of Owensboro? \_\_\_\_\_

\_\_\_\_\_

Were you approached by your pastor to become a deacon? \_\_\_\_\_

If you were not to become a deacon, what other ministries in the church would you consider? \_\_\_\_\_

\_\_\_\_\_

What apprehensions do you have about your decision to be a deacon? \_\_\_\_\_

\_\_\_\_\_

Which duties of a deacon do you find the most appealing? \_\_\_\_\_

\_\_\_\_\_

In one or two sentences, comment on the following:

Obedience to your Bishop: \_\_\_\_\_

\_\_\_\_\_

Personal Prayer: \_\_\_\_\_

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Women in Ministry: \_\_\_\_\_

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Working with local pastor or pastoral associate: \_\_\_\_\_

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Sacraments: \_\_\_\_\_

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Sacred Scripture: \_\_\_\_\_

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The Holy Eucharist: \_\_\_\_\_

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Working in a multi-cultural church: \_\_\_\_\_

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(For single applicants) Living a celibate life: \_\_\_\_\_

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Working for a pastoral associate vs. a priest: \_\_\_\_\_

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My spouse's attitude is: \_\_\_\_\_

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My children's attitude is: \_\_\_\_\_

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# WORK EXPERIENCE

Concerning your present or most recent full/part time employment:

Name of employer: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Duration \_\_\_\_\_

Describe duties in detail \_\_\_\_\_

What do you like most about this work? \_\_\_\_\_

What do you like least? \_\_\_\_\_

List the last four positions you have held:

<i>Employer</i>	<i>Duties</i>	<i>Dates</i>	<i>Reason for leaving</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been fired from the job? \_\_\_ Yes \_\_\_ No

If yes, why? \_\_\_\_\_

Do you belong to any professional organizations? \_\_\_\_\_

Please list any volunteer work you have done: \_\_\_\_\_

\_\_\_\_\_

## FINANCIAL AND LEGAL STATUS

Do you have a guaranteed income?     Yes     No

Are you a citizen of the United States?  Yes     No

If no, of what country are you a citizen? \_\_\_\_\_

Are you a permanent resident of the U.S.?  Yes  No

Have you ever been arrested?  Yes     No

If so, what were the charges? \_\_\_\_\_

Place / date of arrest: \_\_\_\_\_  
*City                      County                      State                      Date*

Age at time of arrest: \_\_\_\_\_    Disposition: \_\_\_\_\_



## CANONICAL STATUS

- The following are impediments to ordination which require a dispensation. Please check where applicable:
- Severe mental illness (have you ever committed yourself to or been committed to a psychiatric facility?  Yes  No
- Apostasy, heresy or schism (i.e. have you ever publicly abandoned the Catholic Church; have you publicly advocated any views contrary to the teaching of the Catholic Church; have you ever joined another religious body by a formal act?)  
 Yes  No
- Is there any existing marriage bond (i.e. former marriage that is not annulled)?  
 Yes  No
- Have you made private or public religious vows?  Yes  No
- Have you been involved in the taking of another human life; have you helped someone procure an abortion, performed an abortion, or positively cooperated in obtaining an abortion for another person?  Yes  No
- Have you ever attempted suicide, self-mutilation, or mutilation of others?  Yes  
 No
- Have you ever impersonated a deacon, priest, or bishop?  Yes  No
- Have you ever been excommunicated?  Yes  No

# MILITARY SERVICE

Have you ever served in the military? \_\_\_ Yes \_\_\_ No

If so:

Branch of Service \_\_\_\_\_ Date of enlistment \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Where you involved in Combat Duty? \_\_\_\_\_

Service duties: \_\_\_\_\_

Reserve status: \_\_\_\_\_

What did you like best about the service? \_\_\_\_\_

\_\_\_\_\_

What did you like least? \_\_\_\_\_

\_\_\_\_\_

Are you presently in the military? \_\_\_ Yes \_\_\_ No

If so, what branch? \_\_\_\_\_

Are you presently in the reserves? \_\_\_ Yes \_\_\_ No

Provide details of responsibilities of your Reserve status: \_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please provide at least four people who know you well and are willing to act as a reference for you. Examples would be your pastor, spiritual director, youth minister or parish member, deacon mentor, teacher / professor, counselor, present or past employer.

### **Pastor / Spiritual Director**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### **Relative / Close Friend**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### **Others: (fellow military member, employer / supervisor, etc.)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to you: \_\_\_\_\_



# **DOCUMENTS TO BE SENT DIRECTLY TO THE DIRECTOR OF THE DIACONATE FORMATION PROGRAM**

## **Sacramental documents:**

- Recent copy of your Baptismal certificate (issued within the past six months)
- Copy of your Confirmation Certificate
- Copy of your marriage certificate (s)
  - Applicable annulment/dispensation form(s)
  - Death certificate(s), as applicable

## **Academic documents:**

Official copies of all high school, college, and graduate school transcripts  
Contact each school for an official transcript to be sent directly to:

Diaconate Program Director  
Diocese of Owensboro  
1600 Kingsway Drive  
Madisonville, KY 42431

## **Photographs:**

Two recent wallet-size photos

## **Detailed autobiography (please type or print):**

To include the following:

- Chronological history of your life
- Brief description of your relationship with your spouse
- Brief description of your relationship with children and other family members
- Experiences and achievements in school and work
- Social life
- Relationship with God, prayer and the Church
- One significant success you have experienced in your life
- One significant failure you have experienced in your life
- Apostolic works in which you have engaged, reasons, rewards
- Hobbies
- Your understanding of the time commitment to studying for diaconate
- Your family's opinion about your decision
- The reason you wish to be a deacon

## **Two short essays on the following topics:**

- Why do I want to become a deacon?
- (For married applicants): "What does my marriage mean to me?"
- (For spouses): "How do I feel about my husband becoming a deacon?"
- (For single applicants): "What is my understanding of living a celibate life?"

I/We attest that all information submitted to the Diocese of Owensboro pertinent to the Application to Prepare for the Diaconate is true and complete to the best of my/our knowledge.

I/We recognize that the information requested by the Diocese of Owensboro will be provided in confidence and will become the property of the Diocese of Owensboro, and will not be accessible to me/us. I understand that the decision for me to be accepted or not accepted for study as an applicant for the diaconate will be made at the discretion of the Diaconate Formation Review Board and the Bishop of Owensboro; and that there is no obligation on their part to report to me/us the reasoning behind any or all decisions regarding this application. I/We also agree to authorize the Director of the Diaconate Program to release any and all information to the Bishop of Owensboro and his representatives, including but not limited to:

Application Form

Detailed autobiography

Medical Health forms

Psychological reports

Recommendation letters or forms

Most recent transcripts

Required essays on:

- Why do I want to become a deacon?
- (For married applicants): “What does my marriage mean to me?”
- (For spouses): “How do I feel about my husband becoming a deacon?”
- (For single applicants): “What is my understanding of living a celibate life?”

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*(Signature of Applicant)*

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*(Signature of Spouse)*

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*(Date)*

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*(Date)*