

ELIGIBILITY FORM (Starting point – to be sent with Application)
Deacon Formation Program, Diocese of Owensboro (1/2021)

Name: _____

Current Address: _____

City, State, Zip: _____

How long have you lived
at the above address: _____ Years Cell Phone () _____

E-mail Address: _____

Age _____ (min. 30, max. 60) Date of Birth _____ Place of Birth _____

Are you a: (Y/N) _____ Baptized Catholic? _____ Convert to Catholicism? _____ Confirmed?

 If a convert, how long have you been a Catholic? _____ Years

Present Marital Status: _____ Single _____ Married _____ Widowed

 If Married - Wife's Full Name w/Maiden _____

 Wife's Age _____ Date of Birth _____ Place of Birth _____

 If Married - Is your Wife a: (Y/N)

 _____ Baptized Catholic? _____ Convert to Catholicism? _____ Confirmed?

 If your Wife is a convert, how long has she been a Catholic? _____ Years

 “My wife feels good about my becoming a deacon.” (please check only one)

 _____ Strongly Agree _____ Agree _____ Disagree _____ Strongly Disagree

Number of years residing in the Diocese of Owensboro _____ Years

Present Parish _____ Years at Parish _____

Have you discussed becoming a permanent deacon with your pastor? (Y/N) _____

Notes or Comments, in general - _____
