

**Application for Holy Orders – Priest
Form 1 – Declaration of Intent**

To: The Right Reverend Kirk Stevan Smith
Bishop of Arizona & Commission on Ministry
114 West Roosevelt
Phoenix, AZ 85003

Date Submitted: _____

Please attach a recent photograph.

Full Name _____ Date of Birth _____

Place of Birth _____ Sex ___ M ___ F

Permanent Address _____

City/State/ZIP Code _____

Mailing Address _____
(if different from above)

City/State/ZIP Code _____

Telephone Number(s) Daytime _____ Evening _____

Email Address _____

Congregation _____ Priest _____

Former Denomination (if applicable) _____

Date of Baptism _____ Denomination _____

By Whom _____

Date of Confirmation/Reception into the Episcopal Church _____

Marital Status ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Spouse's/Partner's Name (if applicable) _____

Children (list names, date of birth, age):

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REFERENCES

Please list two references. Do not include relatives or active clergy within the supporting congregation.

Name _____
Mailing
Address _____

Name _____
Mailing
Address _____

City/State/ZIP _____

City/State/ZIP _____

Telephone # _____

Telephone # _____

Email Address _____

Email Address _____

Aspirant [Nominee] Signature: _____

Date: _____