



Application and Nomination for Postulancy

Form 5

In accordance with Title III, Canon 6.1(a)(7) and Canon 8.3(a)(7) of the Episcopal Church

Email (preferred):
File Name: [Last Name] Form 5
File Type: PDF
holyorders@episcopalmn.org

Or mail:
Holy Orders File
The Episcopal Church in Minnesota
1101 W. Broadway Avenue
Minneapolis, MN 55411

Name of Congregation: _____

Date of Meeting: _____

Place: _____

We (Rector/Priest/Vicar and two-thirds majority of the Vestry/Bishop’s Committee), whose names are hereunder written, nominate for Postulancy in the Holy Order of (circle either Priesthood or Diaconate) our member _____. She/he has been duly discerned by a committee of the Episcopal Church in Minnesota; and she/he is a communicant of this Congregation in good standing for a minimum period of 1 year before discernment began. We do furthermore recommend further discernment of the Applicant for Holy Orders by the Episcopal Church in Minnesota leading towards admission as a Postulant for Holy Orders. We base our decision based on the attestation of a member(s) of the Discernment Committee after reviewing their written recommendation.

Furthermore, we, as a faith community, commit to involving ourselves in the preparation of our nominee for ordination.

Signed: _____

Priest: _____

Attestation of Clerk or Recording Secretary:

I hereby certify that the foregoing certificate was signed at a meeting of the Vestry/Bishop’s Committee of _____ (Faith Community Name), _____ (City), duly convened at _____ AM/PM on the _____ day of _____, _____, and that the names/signatures shown are those of all (or a two-thirds majority of all) the members of the Vestry/Bishop’s Committee.

Signed: _____,
Clerk/Secretary of Vestry/Bishop’s Committee

Acceptance of Nomination for Postulancy:

I, _____ , accept the nomination of my faith community,
_____, to apply for Postulancy in pursuit of
ordination to Holy Orders.

(Signature) _____

(Date) _____