



Application for Holy Orders/Postulancy Form D

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

Please send all form originals, keeping a copy for your records.

Email (preferred):

File Name: [Last Name] Form D
File Type: PDF
holyorders@episcopalmn.org

Or mail:

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

Dear Bishop Loya:

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) _____

Name: _____

Sex: Male Female

Address: _____

City/State/ZIP: _____

Telephones (including Area Code):

Home: _____

Work: _____

Cell: _____

Email: _____

Date of Birth: _____

Place of Birth: _____

Sponsoring Congregation: _____

Sponsoring Priest: _____

Former Denomination (if applicable): _____

Date of Baptism: _____ Denomination: _____

By Whom: _____

When Confirmed/Received into the Episcopal Church: _____

(Documentation required for both Baptism and Confirmation/Reception)

Length of time as a resident in the Episcopal Church in Minnesota: _____

Marital Status: Single Married Domestic Partner Divorced Widowed

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

Children (list name, date of birth, age of each child):

Present situation and employment history (names, addresses, and dates). *You may attach a separate sheet with this information.*

Present employment: _____

Past employment: _____

Past employment: _____

Present Annual Income: _____

Property owned: Auto Home Furniture Other: _____

Two references (who are not relatives). Give names, addresses, and telephone numbers:

Education History:

High School: _____ Graduation date: _____

College: _____ Graduation date: _____

Major: _____ Degree: _____

Graduate Work: _____ Degree: _____ Date(s): _____

Please enclose transcripts with this form.

Previous applicant for Postulancy? No Yes; Please give details:

Ordination in another denomination? No Yes; Give details, including years of service:

Physical disabilities? No Yes; Please give details:

Counseling/psychotherapy? No Yes; Please give details:

Date of application: _____

Date received by Episcopal Church in Minnesota: _____