

Order of St. Stephen Deacon

Application

PERSONAL

NAME: _____

[First]

[Middle]

[Last]

ADDRESS: _____

[Street]

[City]

[State / Zip]

PHONE: Home: _____ Work: _____

Email: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SPOUSE NAME: _____

CHILDREN: Name	Age	Name	Age

PRESENT OCCUPATION: _____

PLACE OF EMPLOYMENT:

Name _____

Address _____

Phone # _____

<u>EDUCATION</u>	<u>Name</u>	<u>Date of Graduation</u>	<u>Major</u>
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HIGH SCHOOL _____

TECH SCHOOL _____

COLLEGE _____

GRAD SCHOOL _____

RELIGIOUS

CHURCH AFFILIATION: _____

Name: _____

Address: _____

Phone: _____ Pastor: _____

YEARS OF ATTENDANCE: _____

DATE BAPTIZED: _____ PLACE BAPTIZED: _____

DATE CONFIRMED: _____ PLACE CONFIRMED: _____

POSITIONS OR OFFICES HELD: _____

NOTE: If applying to take courses only, you are not required to fill out any further sections of this application.

IN WHAT KIND OF MINISTRY WOULD YOU LIKE TO SERVE? _____

REFERENCES [List four , not relatives or supervisors – address must be complete]

Name Address Phone

CONSENT FOR REVIEW

I give my consent to the Order of St. Stephen, Deacon, in the Lutheran Church, to interview my spouse, the above references and my pastor.

----- (Initials)

STATEMENT OF RENEWAL

After Ordination and completion of my training, I pledge to take at least two [2] courses every four [4] years in related theological areas.

----- (Initials)

CONFLICTING LOYALTIES

In accordance with the practice of the Lutheran Church, a candidate should not be a member of a lodge or any anti-Christian society.

----- (Initials)

AGREE TO REVIEW

The applicant will not be set apart until certified by the OSSD Committee and completion of all required courses, along with a favorable physiological evaluation as described in the Handbook.

----- (Initials)

STATEMENT OF APPROVAL OF CALLING CHURCH: We approve this person as a candidate of the diaconate and encourage his/her involvement in the Deacon Candidate program.

SIGNATURE OF APPLICANT: -----

SIGNATURE OF PASTOR: -----

Print Name of Pastor: -----

SIGNATURE OF COUNCIL PRESIDENT: -----

Print Name of Council President: -----

CALLING CHURCH:

Name -----

Address -----

Phone # -----