

THE EPISCOPAL DIOCESE OF NEWARK

APPLICATION FOR POSTULANCY

(Type or print)

Date _____

To the Right Reverend _____,
Bishop of the Diocese of Newark:

I hereby make application to be admitted by you as a POSTULANT.

1. My full name is _____

2. My date of birth is _____

3. My marital/partner status is _____

4. I have resided in this Diocese since _____

5. I was Baptized in _____ Church

Located at _____

Date of Baptism _____

I was Baptized by _____

6. I was Confirmed in _____ Church

Located at _____

Date of Confirmation _____

The Confirming Bishop was _____

7. I have never before applied for admission as a Postulant or as a Candidate for Holy Orders. _____

(Please sign on above line, if true. If not true, please attach a statement with full details.)