

**The Holy Orthodox Catholic and Apostolic Church of America**  
*Holy Synod of the Former Exarchate of the Greek Orthodox Patriarchate of Alexandria in the Americas*



Office of The Metropolitan

**The Archdiocese of New York**  
Post Office Box 693  
Putnam Valley NY 10579



Protocol no. 1017-06

**APPLICATION FOR ORDINATION**

**PERSONAL INFORMATION:**

Full Name:

Date of Birth:	Social Security Number:
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Have you ever used any other names than the one above? ☐ Yes ☒ No (If yes, please use a separate sheet to list.)

Present Address:	How long?
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City:	Province:	Zip Code:
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Previous Address:	How long?
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City:	Province:	Zip Code:
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Best time to call:	E-Mail Address:
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Baptism:	Date	Church	Location
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Confirmation:

Chrismation

Marriage:

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Legally Separated ☐ Divorced ☐ Remarried

If remarried, please use a separate sheet to provide information on each marriage.

**FAMILY INFORMATION:**

Full Name of Spouse:

Names and ages of children:

**ECCLESIASTICAL INFORMATION:**

Present Religious Affiliation:	How long have you been Orthodox?
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Of what parish are you a communicant member?

Have you ever been a member of any religious community? ☐ Yes ☐ No

Community Name:	Current Status:
Date of Admission:	Date of Postulancy:
Date of Novitiate:	Date of Profession:

If necessary, please use a separate sheet to list all community memberships.

Have you ever been ordained? ☐ Yes ☐ No

	Date	Location	Ordaining Clergy
Deacon:			
Priest:			
Bishop:			

If necessary, please use a separate sheet to list all ordinations. (Attached to the addendum)

If a member of the clergy, please list all pastoral charges.

Parish & Denomination	Dates	Diocese	Location
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If necessary, please use a separate sheet to list all pastoral charges. (See Addendum)

Are you now, or have you ever been, under any kind of ecclesiastical censure of any kind? ☐ Yes ☐ No

If yes, please use a separate sheet to explain.

On a separate sheet, please write a short statement concerning the development of your faith life.

**EDUCATIONAL INFORMATION:**

Name of High School	Address	Diploma	Date Graduated
Name of Post Secondary School		Degree	Date Graduated

If necessary, please use a separate sheet to continue. (See Addendum)

Honors Received: Graduated Magna Cum Laude from Liberty University

**HEALTH INFORMATION:**

Are you suffering from any chronic health condition, speech, hearing, or eye-sight problem that could interfere with your active ministry or have you had any major illness or health problem in the past five years?

☐ Yes ☐ No

If yes, please use a separate sheet to explain.(See addendum)

**ARREST INFORMATION:**

Have you ever been arrested, charged, cited, held or detained (except for minor traffic violations for which the fine was \$100 or less; unless there was any drug usage involved) by federal, military, state, or any other law enforcement or juvenile authorities, regardless of whether the charge was dropped or dismissed, or you were found not guilty, or the record in the case was sealed, expunged, or in any way stricken by the court?

☐ Yes ☐ No

If yes, please use a separate sheet to explain each incident: the nature of the offense; name of the law enforcement agency, including city and state; name of the court, including city and state; penalty; and disposition.

Have you ever been the subject of a child abuse investigation? ☐ Yes ☐ No

Are you aware of any canonical or moral impediment to your acceptance into the ministry of this church?

☐ Yes ☐ No

Has disciplinary action ever been taken against you by a licensing board, professional association, or school?

☐ Yes ☐ No

Are there any complaints pending against you before any of the above-named bodies?

☐ Yes ☐ No

Has a civil lawsuit ever been filed against you for professional work or is any such action pending?

☐ Yes ☐ No

Have you ever been asked to resign or been terminated by a training program or employer?

☐ Yes ☐ No

If you have answered yes to any of the questions on this page, please use a separate sheet to explain in detail, including evidence of the matter and disposition.

**PERSONAL REFERENCES:** (Please do not use anyone listed elsewhere on this application.)

Please attach copies of college and seminary transcripts and/or diplomas; baptismal, confirmation/chrismation, marriage, and/or ordination certificates; any decrees of divorce from any/all prior marriages; a copy of your most recent resume; and anything else that you would feel important to be considered. A check made out to St. Edward's Orthodox Catholic Church in the amount of \$50 towards the Criminal Background check will be appreciated.

**I**N THE NAME OF THE HOLY AND CONSUBSTANTIAL TRINITY: FATHER, SON, AND HOLY SPIRIT. AMEN. The information I have provided is true, correct, and complete to the best of my knowledge. I understand that any failure to reveal or any misrepresentation of information concerning my application may cause my removal from the ministry of this church. I voluntarily authorize the Archbishop or his representative to verify the information pertaining to this application and release from any liability and will hold harmless all persons or entities supply or collecting information in good faith concerning my professional competence, ethics,

character, or other qualifications. I further agree that I will immediately notify those appointed over me of any changes in my status or any other information that has been requested in this application.

Date Signed

Signature:

**ADDENDUM:**

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**Previous Ordinations in other Jurisdictions:**

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**Additional Post-secondary education:**

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**Previous Ministerial Positions:**

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**Health Issues:**

**Development of Faith Life:**