



# The Episcopal Diocese of Newark Ordination Process Information Form

## Personal Information

Full Name: \_\_\_\_\_  
(Including Maiden Name, if applicable)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Office): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_ (E-Mail): \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow(er)

Name of Spouse, if applicable: \_\_\_\_\_

Date of Marriage, if applicable: \_\_\_\_\_

Names and Ages of Children, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information on Marital Status (such as names of former spouses, dates of prior marriages/divorces, or any other information):

Education beyond High School (degrees received; institution; dates) \_\_\_\_\_

\_\_\_\_\_

Brief Summary of Employment History: \_\_\_\_\_

\_\_\_\_\_

Honors and Awards: \_\_\_\_\_

Community Involvement: \_\_\_\_\_

**Church Information**

Church Name: \_\_\_\_\_ Town/City: \_\_\_\_\_

Clergy Contact (Parish Clergy or other priest in the Diocese, if without clergy): \_\_\_\_\_

Length of Time Resident in the Diocese \_\_\_\_\_ Length of Time at Current Parish \_\_\_\_\_

Prior Denominational Affiliations, if any: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism (Church/Town): \_\_\_\_\_

Date of Confirmation/Reception in Episcopal Church: \_\_\_\_\_ Place (Church/Town) \_\_\_\_\_

Name of Confirming/Receiving Bishop: \_\_\_\_\_

Ministries within and outside the Church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information that you would like to share (overflow for questions on this form, any prior theological education, units of Clinical Pastoral Education, or any other details that you would like to include):

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

I attest that all information included here is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Signatures may be added electronically or the form may be printed, signed, and scanned.*